

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		John H Allen		CERTIFICATE OF DEATH			
Died at		Town	Cambridge	County	Dorchester Co		
Date of death		Month	Sept	Day	9	Years	73
Sex		Age	73	Month	—	Day	—
Occupation		Color or Race	Black	Birth- place		Buckinrth	
Married, Single or Widowed		Where Residing if not at place of death		Cambridge		Cambridge	
Father's Name		Name of Wife or Husband		John H Allen		John H Allen	
Mother's Maiden Name		Dont Know		Father's Birthplace		Dont Know	
Name of person giving Information		Dont Know		Mother's Birthplace		Unknown	
Primary		CAUSES OF DEATH		How related to deceased		Son	
Immediate		Senilities		154		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		2 Months		some days	
Signature of Physician		Address		Address		Address	
Address		C. M. Harvey M.D.		C. M. Harvey M.D.		C. M. Harvey M.D.	
Address		County Health Office		County Health Office		County Health Office	
Accident or Suicide		L+H		L+H		L+H	

connection Mand Bay
Waukegan Harbor

Name
in
Full

Katie Andrews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Month	Day
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death	Cambridge			
Married, Single or Widowed	Name of Wife or Husband	Roland E. Andrews			
Father's Name	Henry McWilliams				Father's Birthplace
Mother's Maiden Name	Matilda J. Vickery				Mother's Birthplace
Name of person giving information	Roland E. Andrews				How related to deceased

CAUSES OF DEATH

120

Primary

Chronic nephritis

Some months

Immediate

Haemiac Poisoning

Some days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

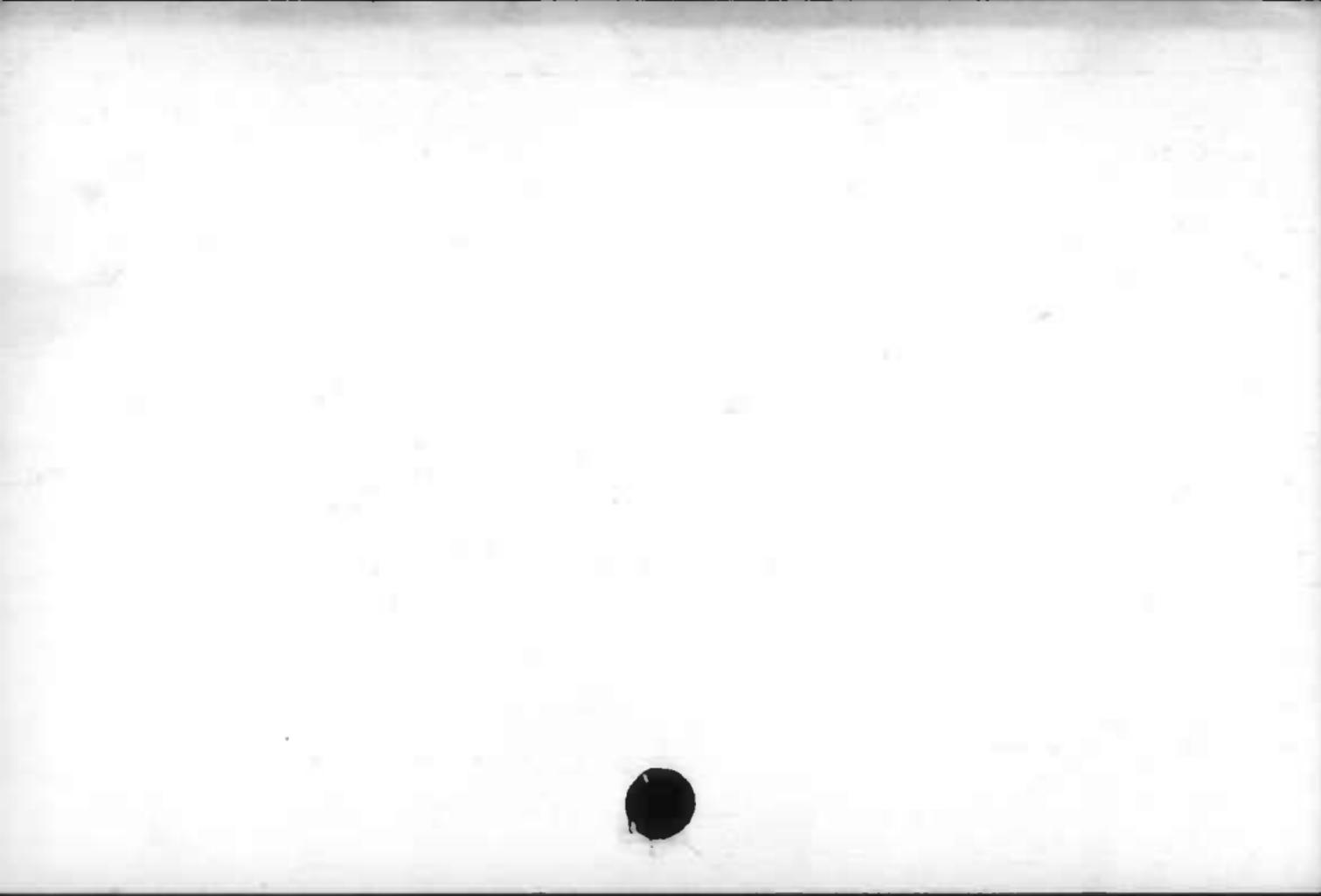
Dr. M. Golaboway

Address

Cambridge MD

PHYSICIAN
OR CORONER

Accident or Suicide

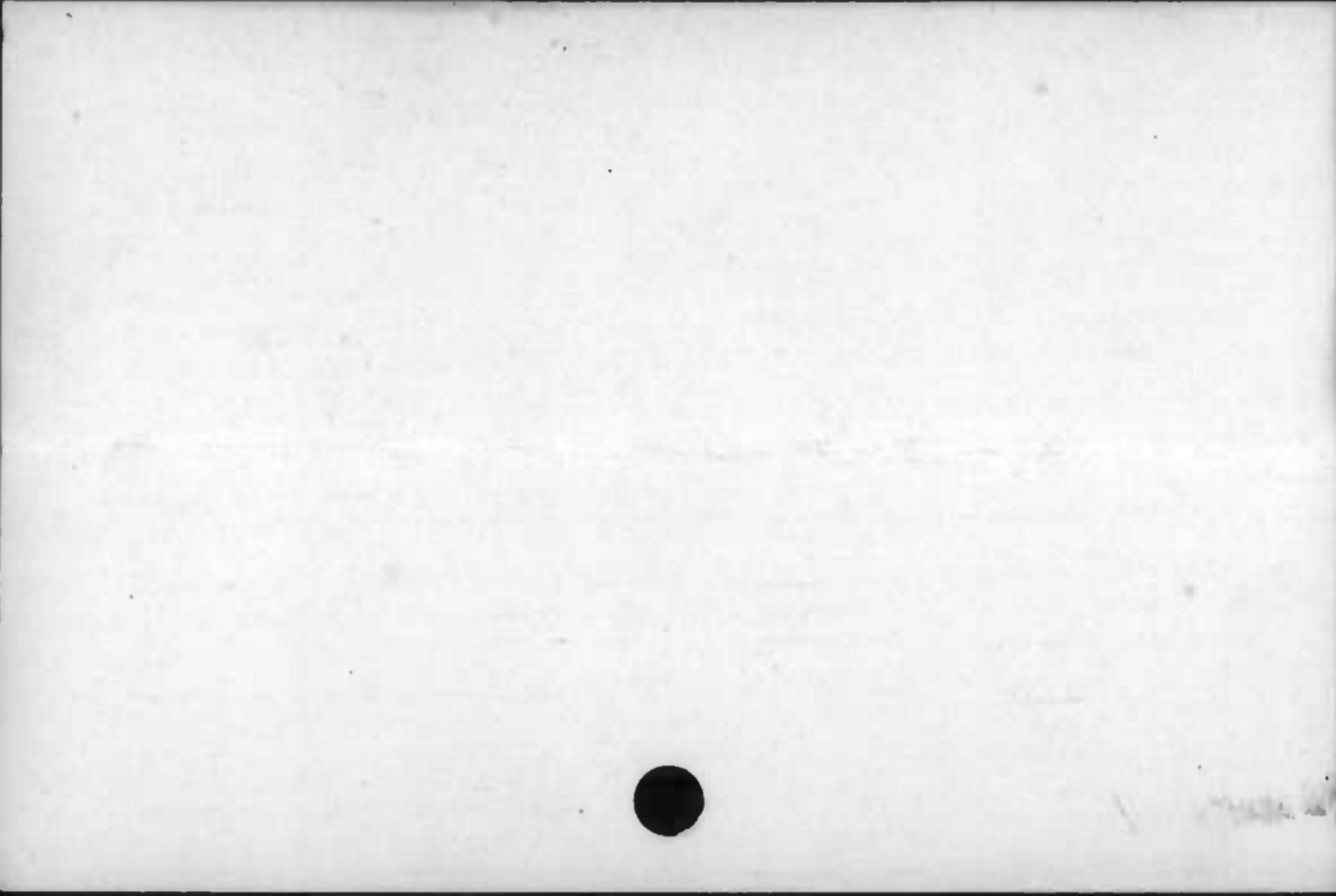


Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James B Anthony					CERTIFICATE OF DEATH		
Died at		Temp	County		MARYLAND		
Died at <u>Lake Wood</u>			<u>Dorchester</u>				
Date of death	1909	Month 9	Day 28	Age 2	Years	Months	Days
Sex	Male	Color or Race	colored		Birth- place	<u>Maryland</u>	
Occupation	<u>work</u>		Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband			Father's Name	Father's Birthplace	
Father's Name	<u>James Anthony</u>				<u>Md</u>		
Mother's Maiden Name	<u>Sadie Fields</u>				<u>Pa.</u>		
Name of Person giving Information	<u>S. Fields</u>				How related to deceased	<u>Grand Father</u>	
CAUSES OF DEATH					92		
Primary	<u>Bronch Pneumonia</u>				How long	<u>week</u>	
Immediate	<u>Exhaustion</u>				How long	<u>unknown</u>	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	G. S. Drury Cambridge Md.			
			Address				
Accident or Suicide?							



Name
in
Full

John Richard Bowley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Deceased	Town Died at	County	MARYLAND
1909	Month	Day	Year
Sept	24	Age	3
Sex	Male	Color or Race	Color.
Occupation	unr	Where Residing if not at place of death	unr
Married, Single or Widowed	unr	Name of Wife or Husband	unr
Father's Name	Irwin Bowley	Father's Birthplace	Dorchester Co
Mother's Maiden Name	Susanna Lornish	Mother's Birthplace	Dorchester Co
Name of person giving Information	Irwin Bowley	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intestinal Tuberculosis

Immediate

Asthma

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

29

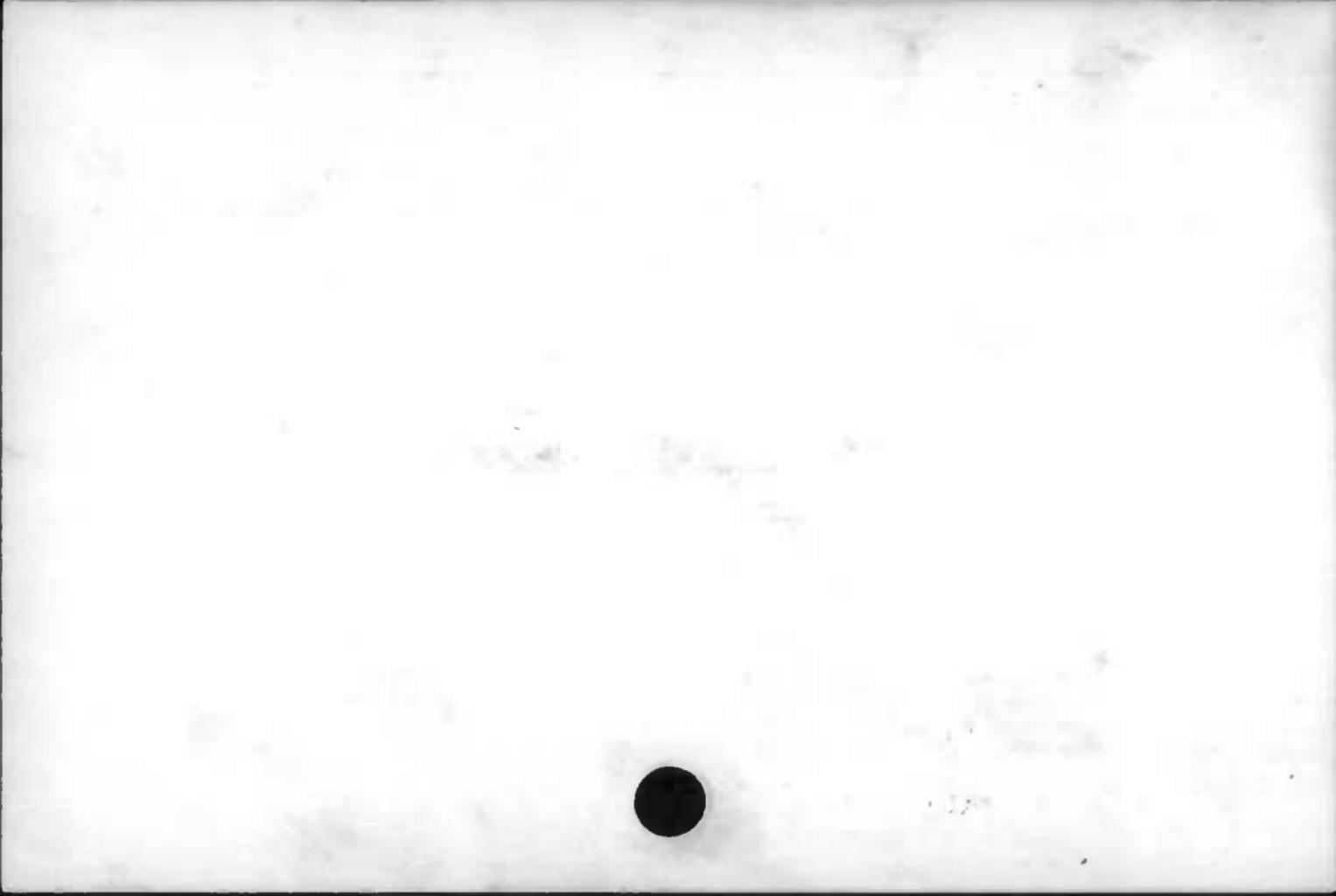
How long

6 mos

How long

several weeks

Accident or Suicide



Name
in
Full

fredred l Brownell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad et

Town

Ban Reidg

County

Dorchester

MARYLAND

Date
of deeth

Month

Day

Years

Months

Days

1909 Sept 11

Age

49

Sex

Color or
Race

Birth-
place

man - . Colored Ban Reidg

Occupation

Where Residing if not
at place of death

Ban Reidg

Married, Single
or Widowed

Name of Wife or
Hubend

Fether's
Name

isria waer bres

Fether's
Birthplace

Mother's
Meiden Name

maggie Reunelle

Mother's
Birthplace

Name of person giving
Information

maggie Reunelle

How related
to deceased

179

How long

2 months

Primary

Malnutrition

How long

Gradual

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

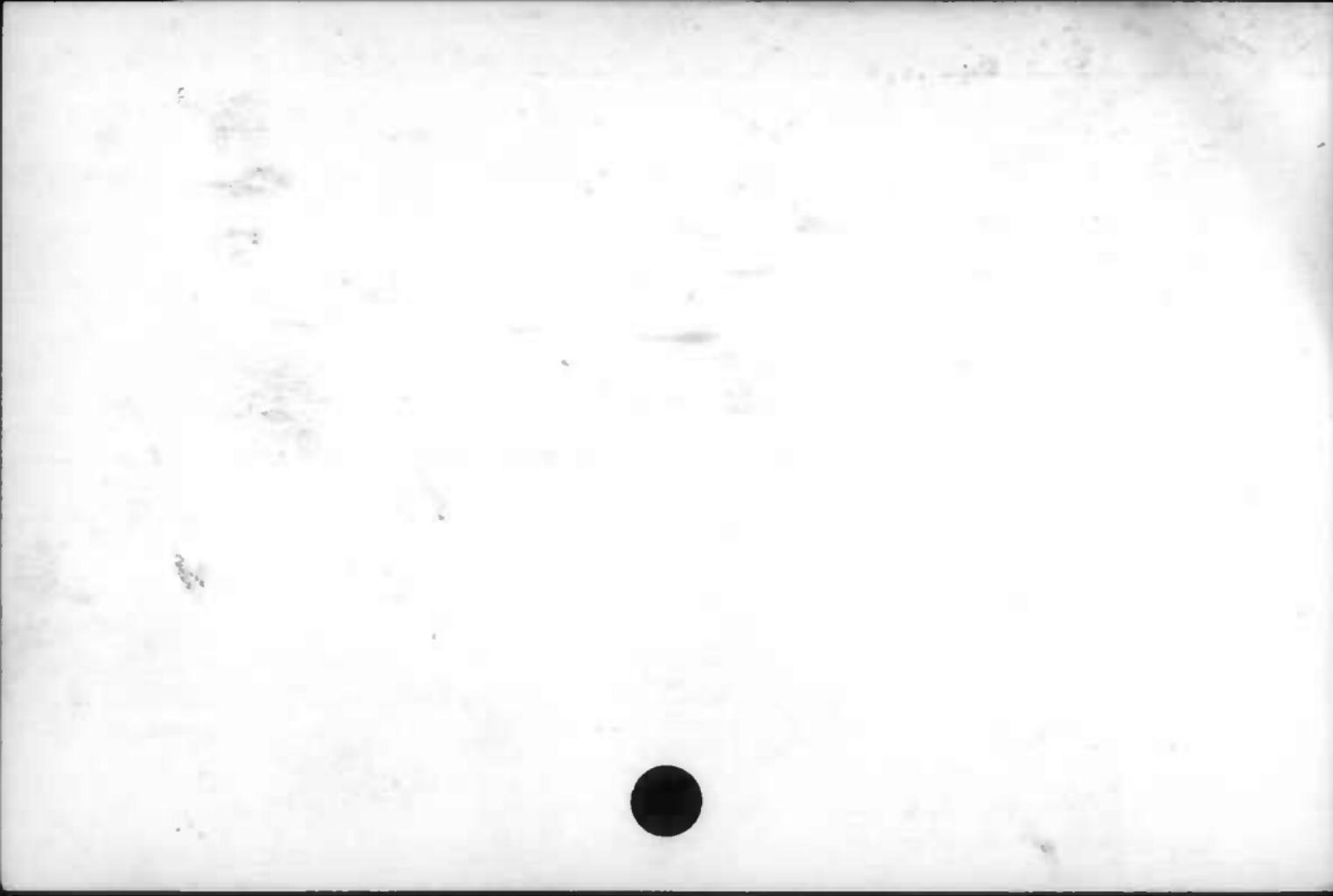
Address

Chas M. Hanley M.D.
County Health officer

no m.d. called.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Walter J. Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Camerbridge		over				
Date of death	Month	Day	Years	Months	Days	
1909	Sept	18	Age 23			
Sex	male	Color or Race	negro	Birth-place	ned	
Occupation	Labourer	Where Residing if not at place of death	Cambridge			
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Bryan			
Father's Name	Josiah Bryan		Father's Birthplace	ned		
Mother's Maiden Name	Elonava Lane		Mother's Birthplace	ned		
Name of person giving information	Bryan		How related to deceased	Bro.		

CAUSES OF DEATH

1

Primary

Typhoid Fever.

How long before death 2 weeks to
2 weeks in Hospital 24 hrs.

Immediate

Intestinal Hemorrhage

How long

12 hours.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

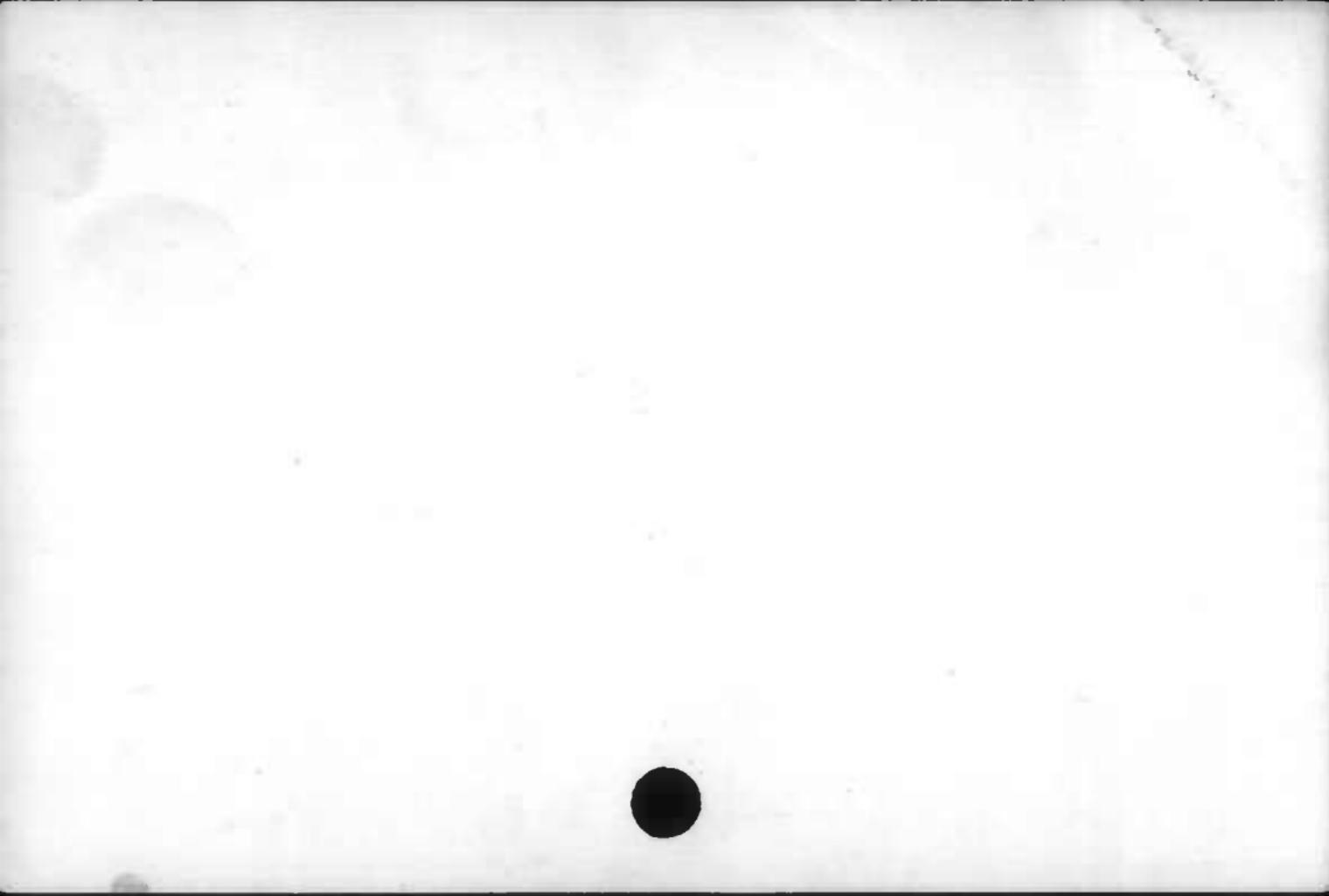
Signature of
Physician

Address

E. E. Wolff

Cambridge, Md.

Accident or Suicide



Name
in
Full

Anna Cushing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Month	Days
Sex	Female	Color or Race	Age 29		Birth-place Buckloter	
Occupation	House wife		Where Residing if not at place of death Buckloter			
Married, Single or Widow	Widow		Name of Wife or Husband	Lynn Cushing		
Father's Name	Abram Stanley		Father's Birthplace Buckloter			
Mother's Maiden Name	Lizzie Hulles		Mother's Birthplace Buckloter			
Name of person giving Information	James Under		How related to deceased			
CAUSES OF DEATH						
Primary	Appendicitis					
Immediate	Exhaustion following Post-Operative Nausea					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E.E. Weff			
	Y+14	Address	Cambridge, Md			
Accident or Suicide						

118

How long

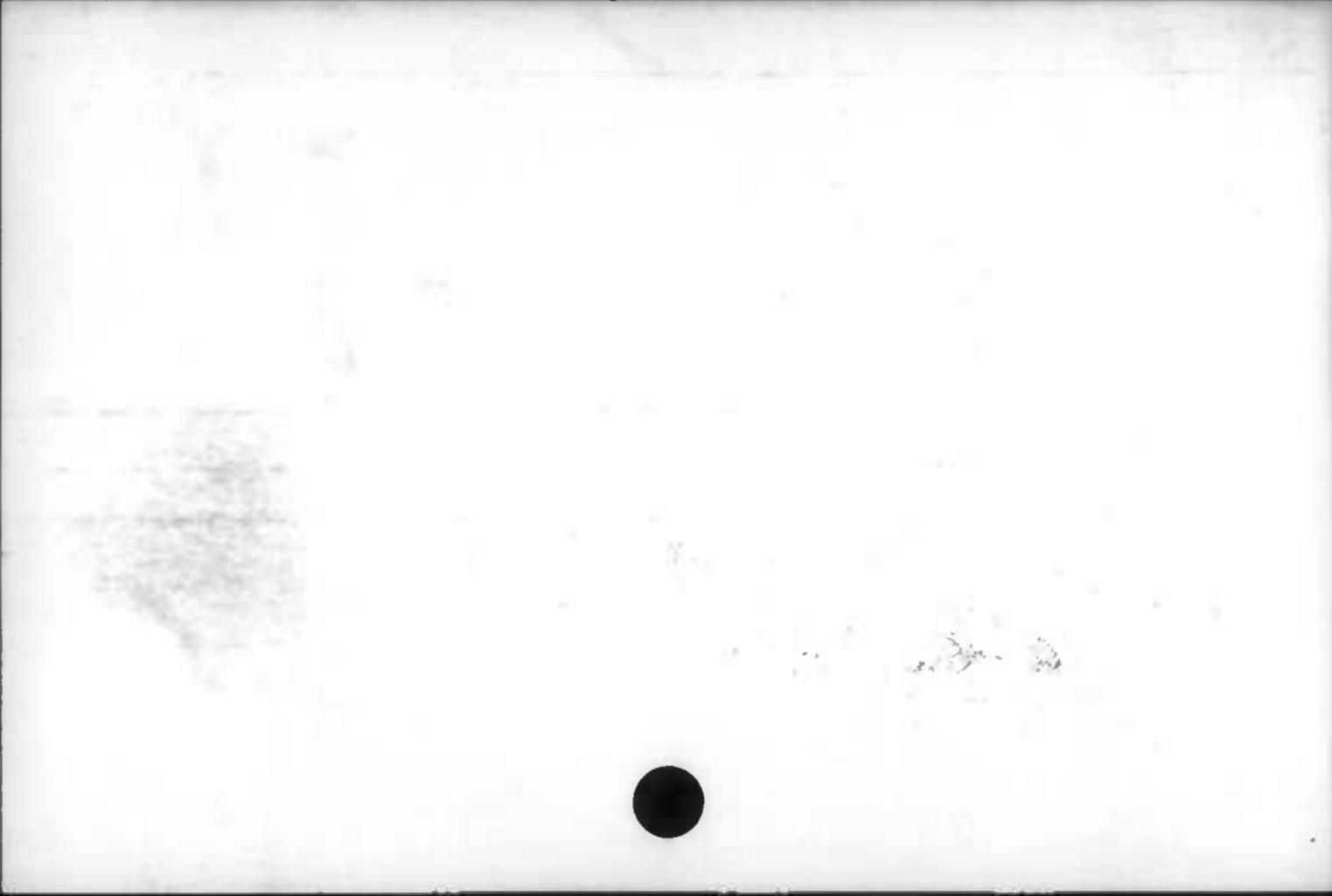
6 days

How long

Some days

How long

Some days



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Robert Connaway +					CERTIFICATE OF DEATH		
Died at <u>Hurlock</u>		Town <u>Hurlock</u>		County <u>St. Mary's</u>		MARYLAND	
Date of death 1909	Month Sept	Day 28	Age 72	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>White</u>				Birth-place <u>Fredricksburg</u>		
Married, Single or Widowed <u>Single</u>	Occupation <u>Cooperator</u>						
Name of Wife or Husband <u>Elizabeth Connaway</u>				Father's Birthplace <u>Fredricksburg</u>			
Father's Name <u>John W. Connaway</u>				Mother's Birthplace <u>Hanover</u>			
Mother's Maiden Name <u>Anna Morris Connaway</u>				How related to deceased <u>Bro</u>			
Name of person giving information <u>Dwight Connaway</u>							
CAUSES OF DEATH							
Primary <u>Bright's Disease</u>				120			
Immediate <u>Insome</u>				How long <u>one year</u>			

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>	Signature of Physician <u>Roger Wren</u>
Address <u>Hurlock</u>	
Accident or Suicide? <input checked="" type="checkbox"/>	

L



Name
in
Full

Harry D. Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of death 1909	Sept.	30	Age	3	12
Sex	Male	Color or Race	White	Birthplace Maryland	
Occupation	Where residing if not at place of death Cambridge Md.				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry M. Cook				
Mother's Maiden Name	Pearl Parks				
Name of person giving Information	Harry M. Cook				
CAUSES OF DEATH					
Primary	179 Hypertension				
Immediate	Unconscious				

PHYSICIAN
OR CORONER

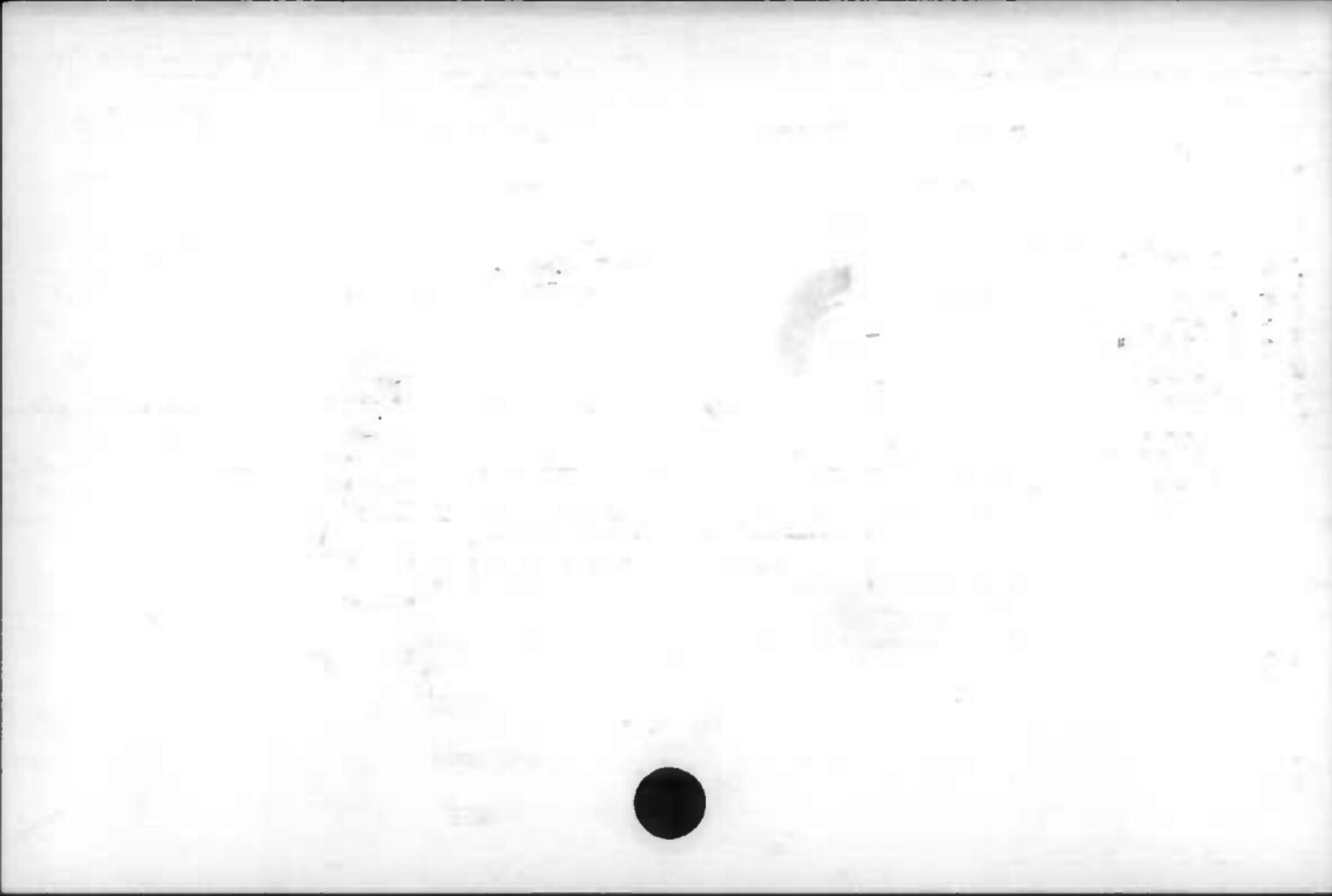
Are the name, age, sex, color, date and place correctly given above?

No physician
in attendance
Accident or Suicide

Signature of Physician

Address

Health officer



Name
in
Full

Lizzie Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Cambidge Dorchester Months Days
Date of death Month Day Years 3 15
1909 Sept 25 Age
Sex Female Color or Race colored Birth-place Cambidge
Occupation Baby Where Residing if not at place of death
Married, Single or Widowed sing Name of Wife or Husband — Father's Birthplace Cambidge
Father's Name Harry Wieson Mother's Birthplace Cambidge
Mother's Maiden Name Linda Cornish How related to deceased Mother
Name of person giving Information Linda Cornish

CAUSES OF DEATH

Primary Enter Colitis
Immediate Ex haematuria

105

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

see to. 207 Hanley
Health office

PHYSICIAN
OR CORONER

M. M. H. L. L. L. L.

Accident or Suicide



Name
in
Full

Charlotte Ann Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Elliott

Town

County

Dor

Date

of death 190

Month

Day

Years

Age

53

Months

Days

Sex

Female

Color
Race

White American

Birth-
place

Elliott Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Sam'l I Elliott

Father's
Name

M. G. Elliott

Father's
Birthplace

Elliott Md

Mother's
Maiden Name

H. J. Moore

Mother's
Birthplace

Elliott Md

Name of person giving
Information

Sam'l I Elliott

How related
to deceased

Sustax

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

3 years

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

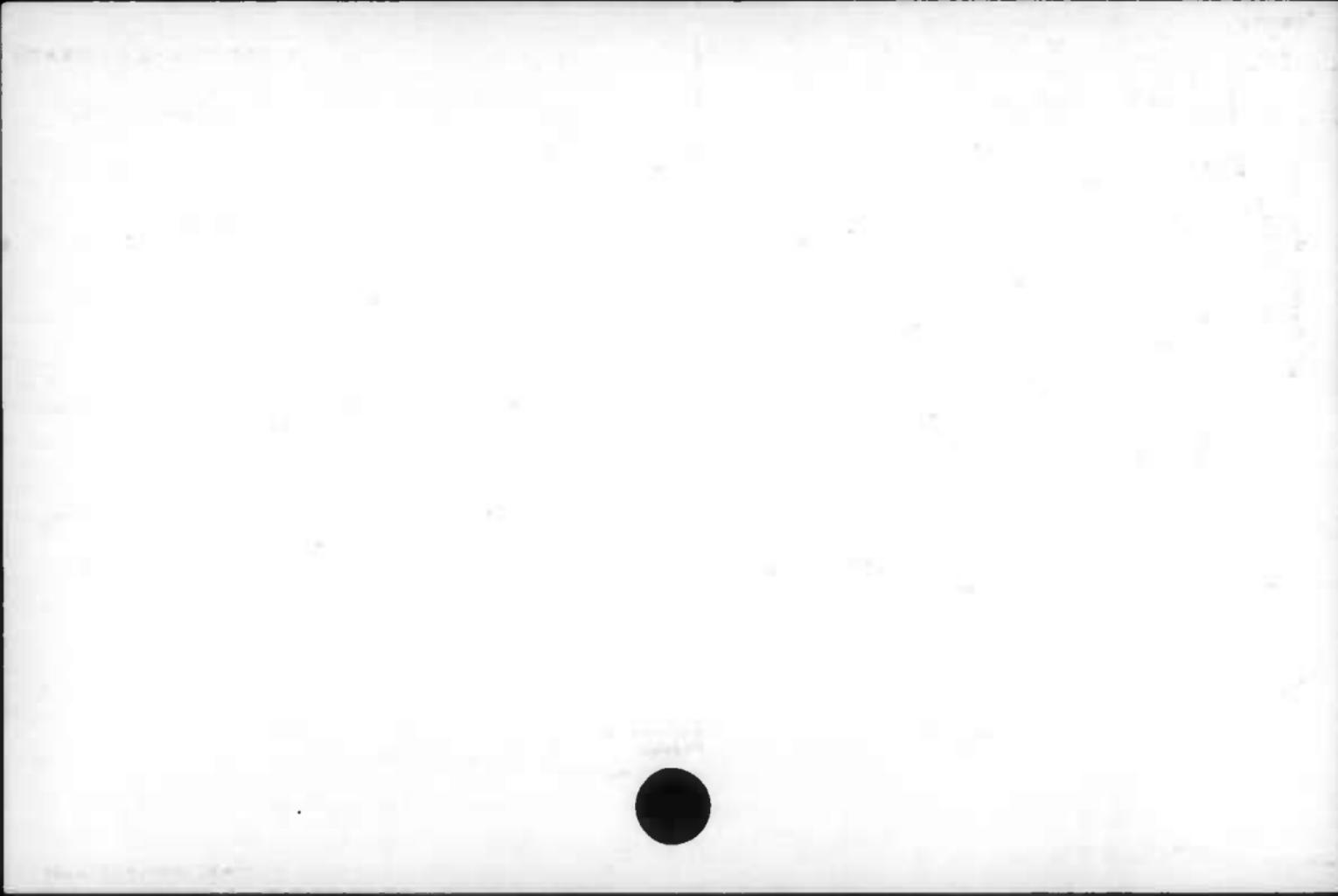
yes

Signature of
Physician

Address

R. L. Britton MD
Elliott, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Johnnie J. Elliott

Town

County

Died at Elliott

Dec

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

Sept

17

28

Sex

Color or
Race

White American

Birth-
place

Elliott

Occupation

Systeming Farming

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jesse Elliott

Father's
Birthplace

Elliott MD

Mother's
Maiden Name

Ada Shorter

Mother's
Birthplace

Buchtaura Md

Name of person giving
Information

Edgar Jones

How related
to deceased

none

CAUSES OF DEATH

Primary

Syphoid fever

1

How long

3 weeks

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

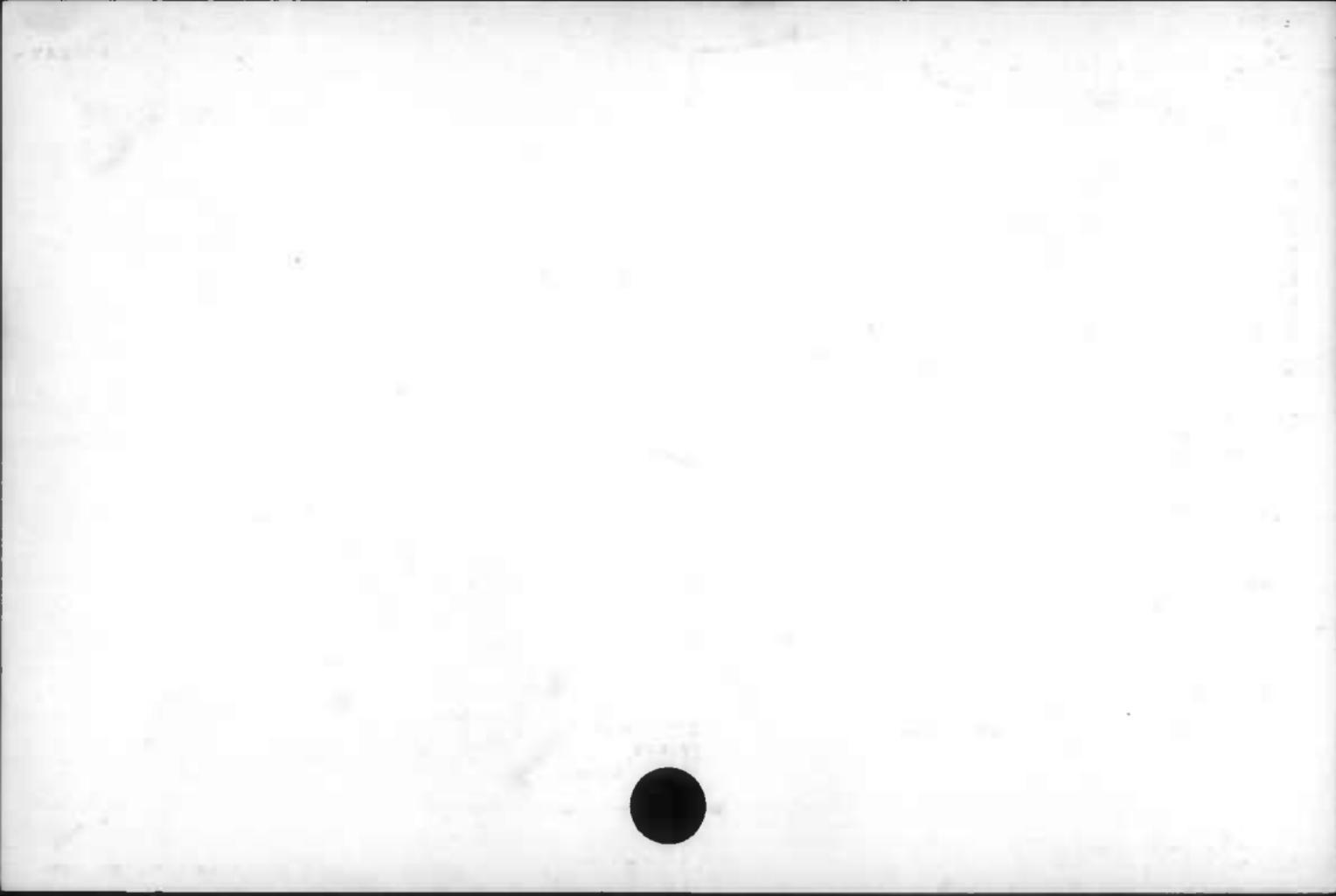
yes

Signature of
Physician

Address

R. B. Breitner, M.D.
Elliott MD

Accident or Suicide



Name
in
Full

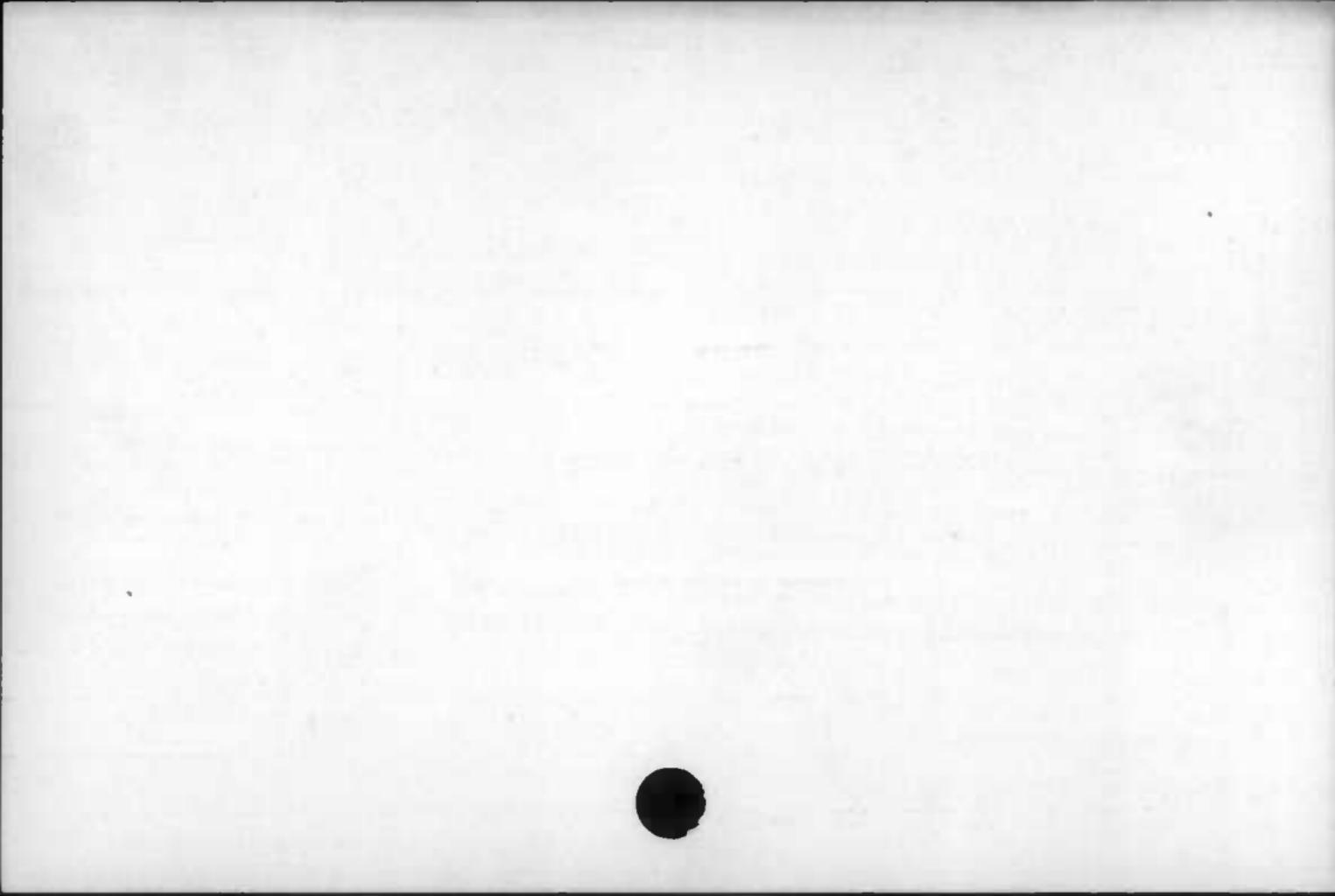
Cecil Ewell.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Elliotts	Winchester		Months	Days
Date of death	Month	Day	Age	Years
1909	Sep	29	-	1
Sex	Color or Race	Birth-place	Birth-	
Male	white	nd	place	nd
Occupation	Where Residing if not at place of death			
Supaur				
Married, Single or Widowed	Name of Wife or Husband			
—	—			
Father's Name	Howard Ewell.			
Mother's Maiden Name	Agnes Garrett			
Name of person giving information	E P Jones.			
CAUSES OF DEATH				
Primary	Dise Calitis.			
Immediate	Heart Failure			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	105	
J		Address	How long	
Accident or Suicide?			2 weeks.	
			How long	
			Unknown	
			D-H Blaue.	
			Vienna Md.	

PHYSICIAN
OR CORONER



Name
in
Full

Simeon Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Church Creek Son
Date of death Month Day Year Months Days
1909 Sep 11^a 40 8 11
Sex male Color or Race Black Birthplace Antioch
Occupation Farmer Where Residing if not at place of death Church Creek
Married, Single or Widowed Married Name of Wife or Husband Emma C. Nichols
Father's Name John J. Henry Father's Birthplace Unknown
Mother's Maiden Name Rachel Montgomery Mother's Birthplace Church Creek
Name of person giving Information Sarah Cromwell Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Syphoid Fever

1

How long

Two weeks

Immediate

Peritonitis

How long

16 hours

Are the name, age, sex, color, date and place correctly given above?

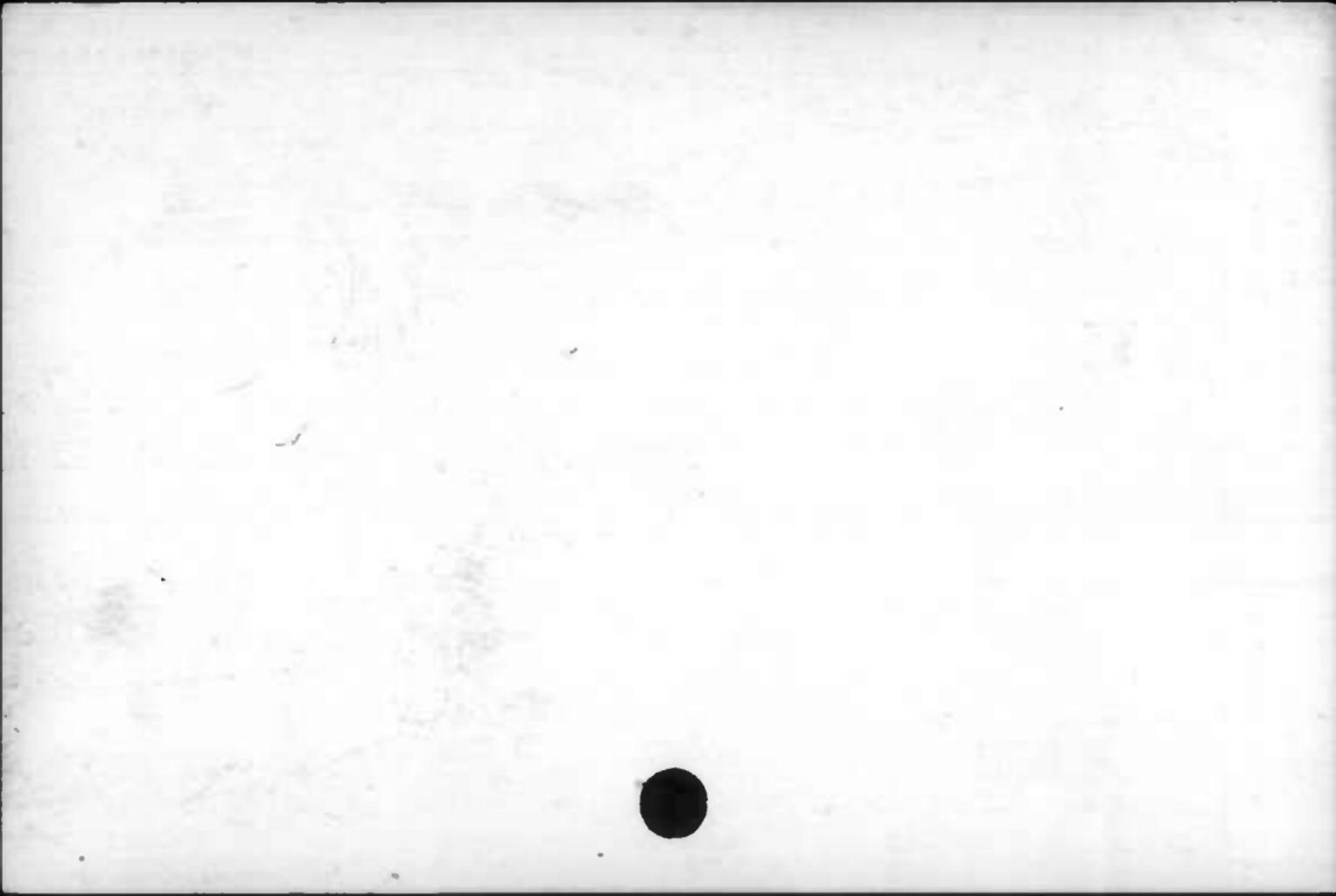
Yes

Signature of Physician

Address

H. Carroll
Canton Rd., Md

Accident or Suicide



Sarah Haweth.						+ CERTIFICATE OF DEATH	
Died at Reids Town			County Dorchester			MARYLAND	
Date of death 1909	Month Sep	Day 26	Age	Years —	Months Four	Days —	
Sex Female	Color or Race white		Birth-place	Md.			
Occupation Dufau.	Where Residing if not at place of death						
Married, Single or Widowed Dufau.	Name of Wife or Husband —		Father's Birthplace	Md.			
Father's Name Sylvester D Haweth.	Mother's Birthplace						
Mother's Maiden Name Leinnie English.	How related to deceased						
Name of person giving information Columbus Reed.	Niece						

CAUSES OF DEATH

105

Primary	Dise Colitis —		How long	10 days
Immediate	Heart failure		How long	Unknown
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H H Blaue	
J		Address	Tidema Md	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Diad at	Cambridge	Boosehurle	Co.	Month	Day
Date of death	1909	Month	Sept	Day	23
Age	Years		Month	1	Day
Sex	Female	Color or Race	White	Birthplace	Cambridge
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Olive Webber				
Mother's Maiden Name	Amy A. Butler				
Name of person giving information	Olive Webber				

CAUSES OF DEATH

105

How long

1 mos.

How long

2 weeks

PHYSICIAN
OR CORONER

Primary

Malnutrition

Immediate

Enter - Colitis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

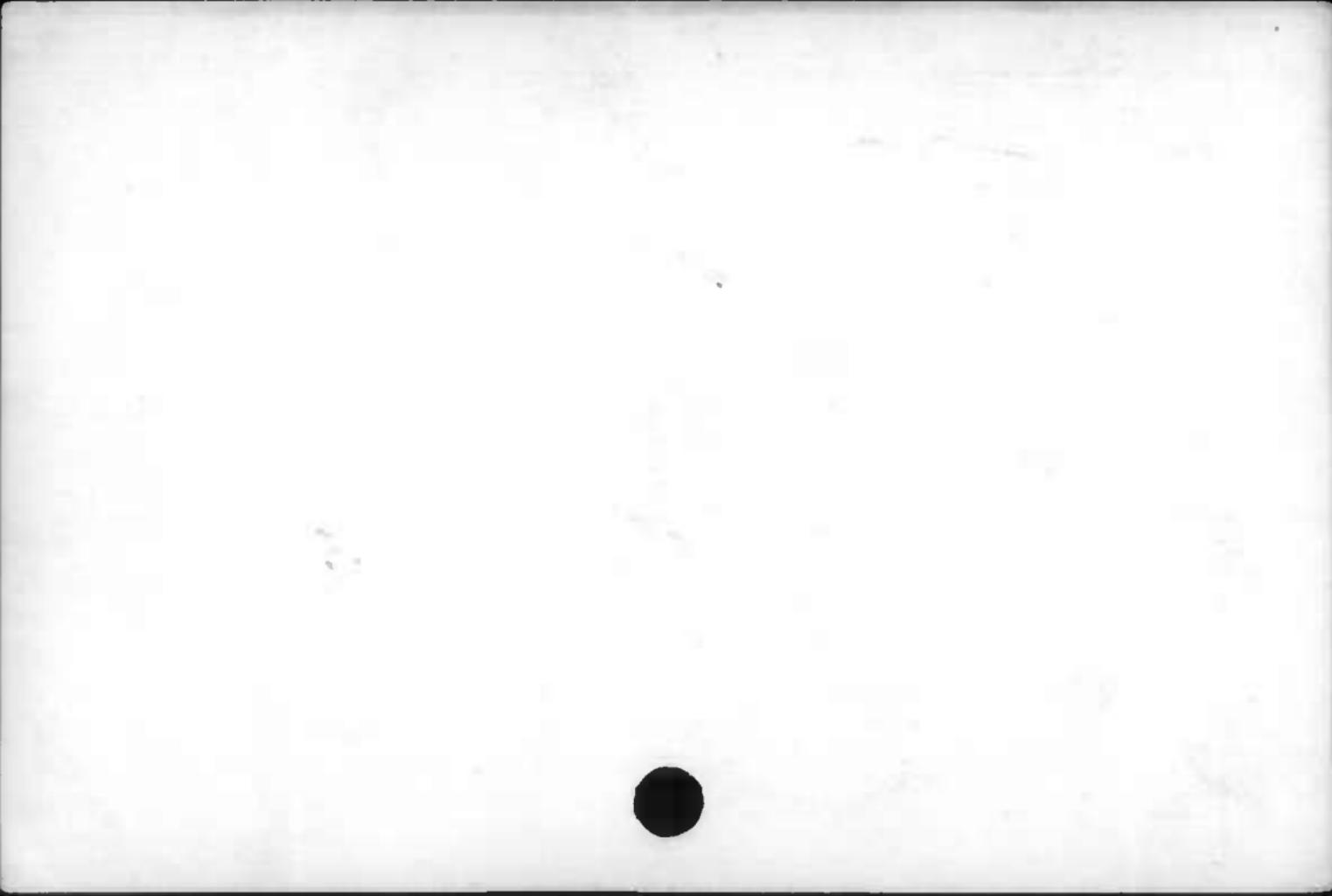
Address

E.S. Webb

Cambridge, Md

Accident or Suicide

L+H



Name
in
Full

Mary C. Hubbard



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Dorchester	Month	Days
Date of death 1909	Sept.	23	Age 74
Sex Female	Color or Race White	Birth-place Maryland	
Occupation Housewife	Where Residing if not at place of death	Near Cambridge, Md	
Married, Single or Widowed	Name of Wife or Husband	Daniel	Hubbard
Father's Name	Joseph Staddell	Father's Birthplace	Maryland
Mother's Maiden Name	Eliyabeth (Unknown)	Mother's Birthplace	"
Name of person giving information	Sarah M. Lewis	How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

Immediate

Insomnia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J

Address

E. E. Wolfson
Cambridge, Md

Accident or Suicide

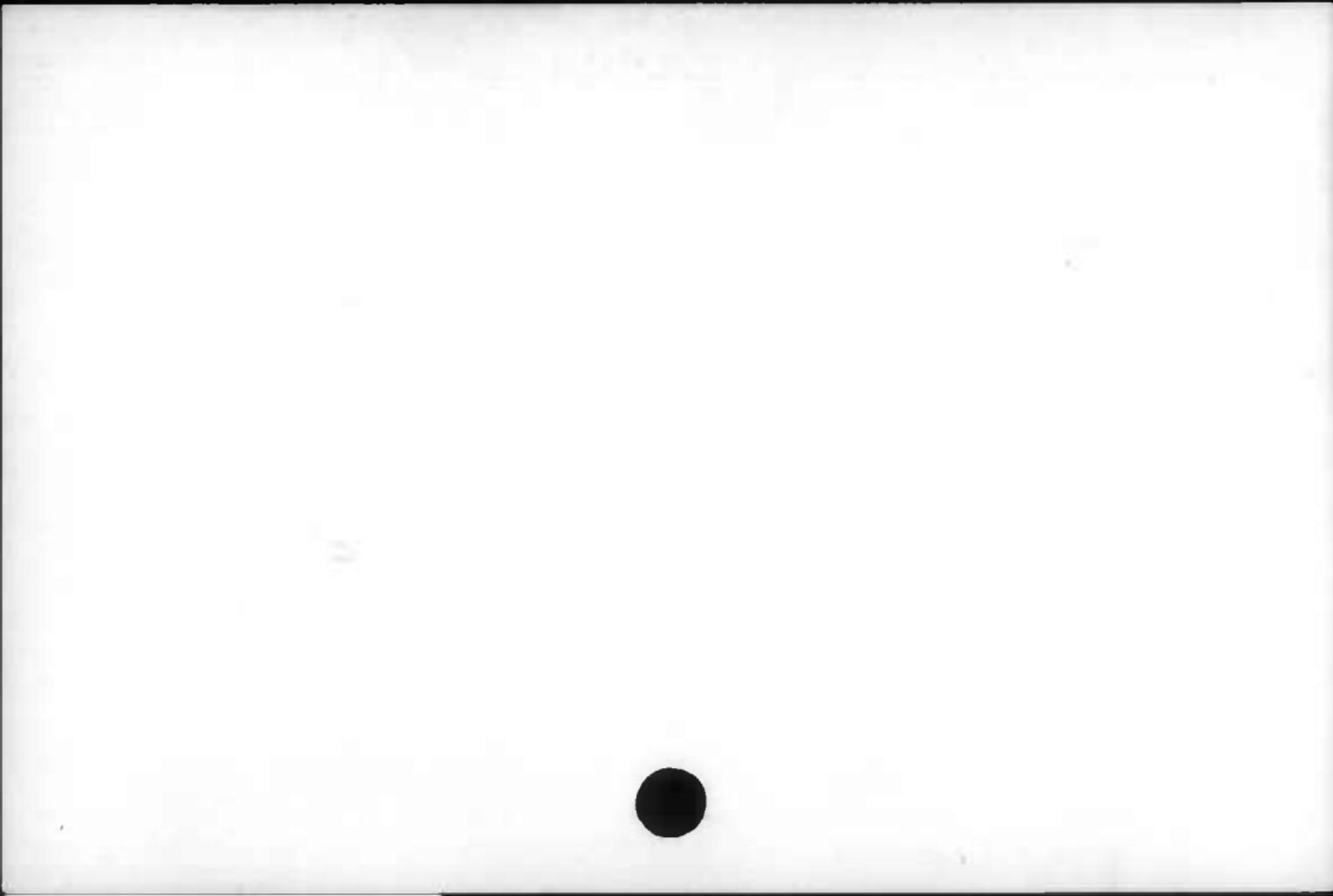
120

How long

Don't know

How long

3 days



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

not named				Hughes				CERTIFICATE OF DEATH		
Died at		Town	Dorchester		County	MARYLAND				
Date of death 1909	Month 9	Day 29	Age	Years	Months	Days				
Sex Female	Color or Race Colored		Occupation Infant		Birth-place Dor Leo					
Married, Single or Widowed										
Name of Wife or Husband										
Father's Name	Frank H Hughes				Father's Birthplace Dor Leo					
Mother's Maiden Name	Annie A Bernard				Mother's Birthplace Dor Leo					
Name of person giving Information	Frank H Hughes				How related to deceased Father					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

unknown

Home

always

Immediate

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

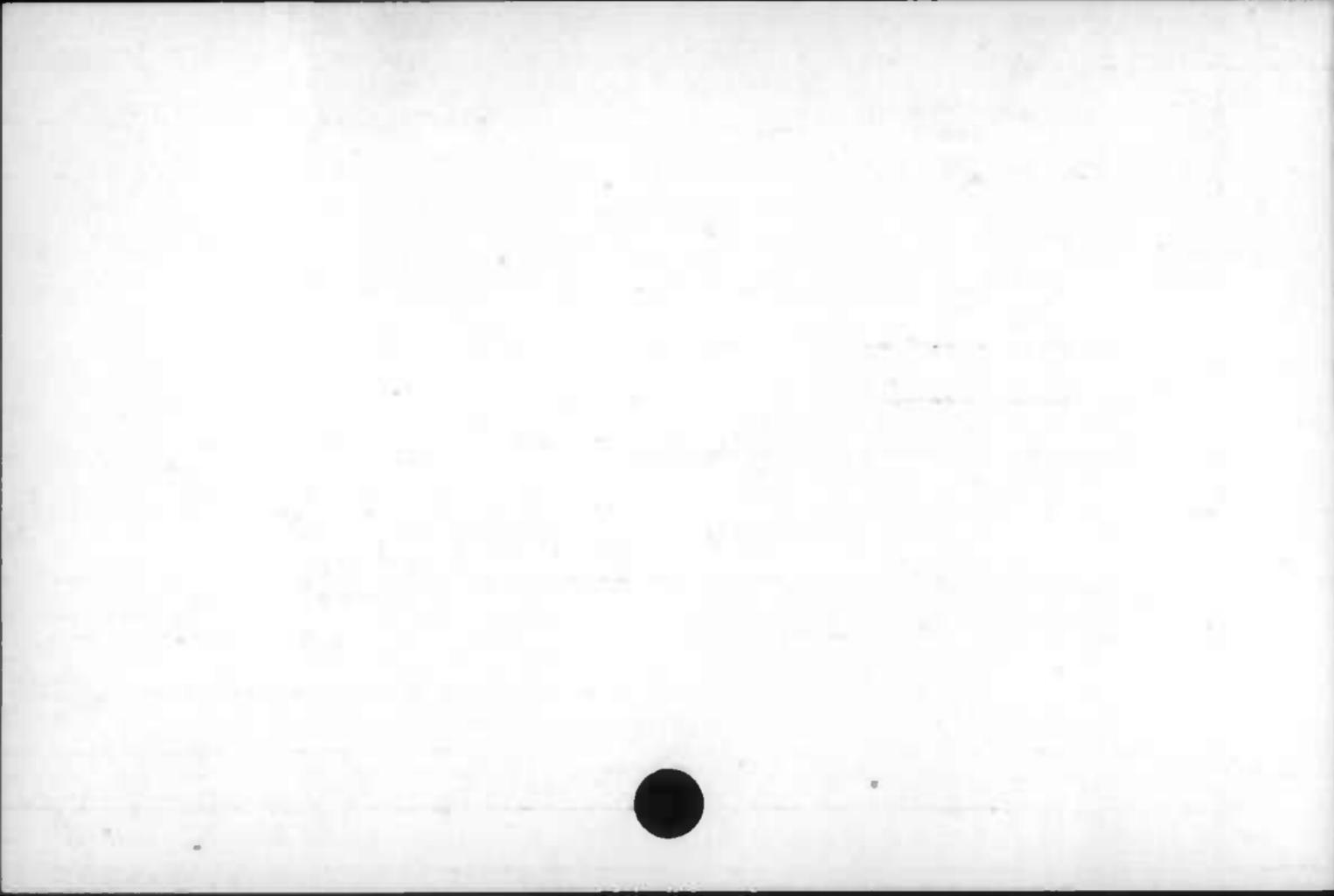
Signature of
Physician

None Robert L Hastings

Address

Harlech
Local Registration

Accident or Suicide?

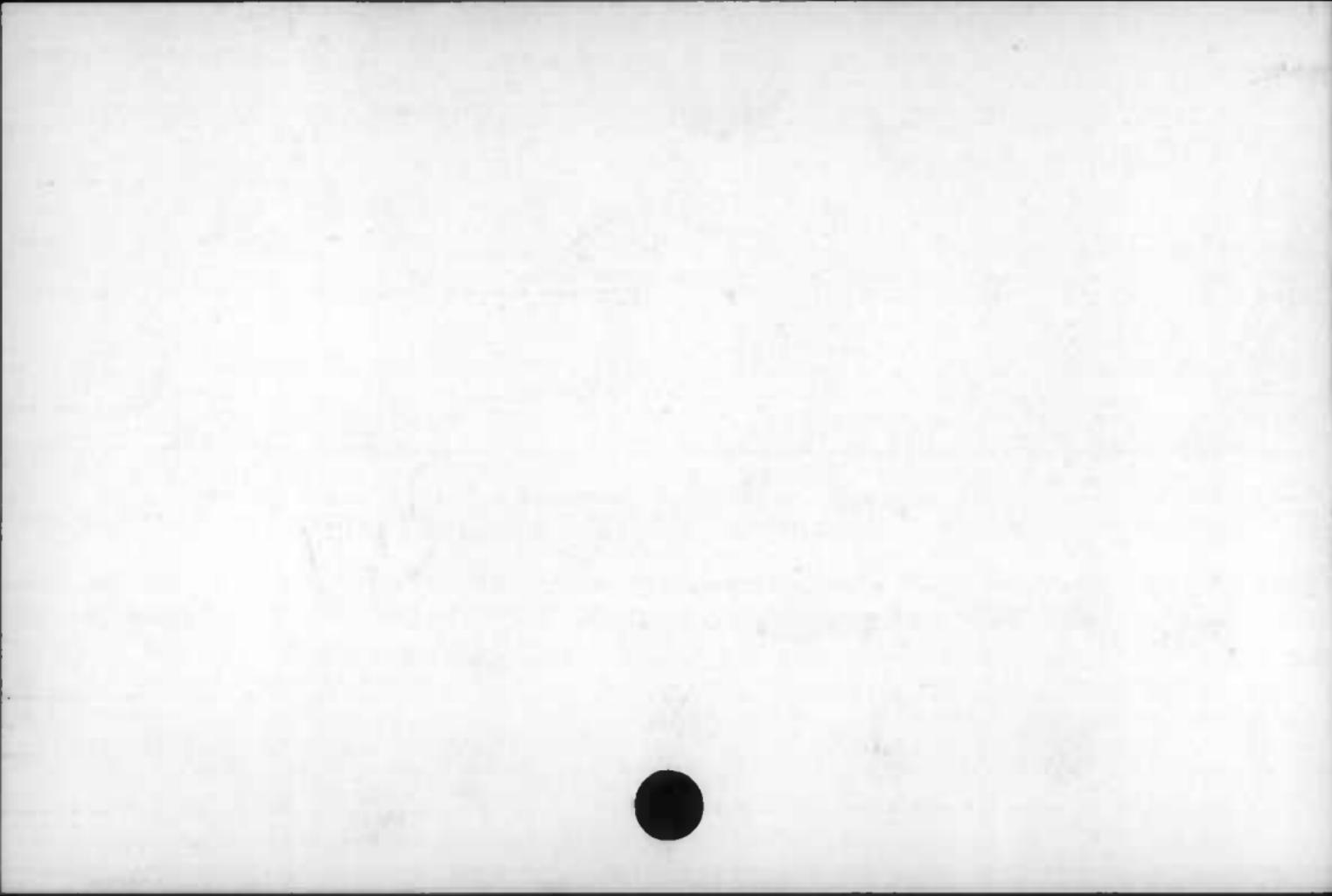


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>James Wesley Jackson</i>						CERTIFICATE OF DEATH		
Died at <i>Vienna</i>		Town	County <i>Dorchester</i>		MARYLAND			
Date of death <i>1909</i>	Month <i>Sept</i>	Day <i>8</i>	Years <i>-</i>	Age <i>-</i>	Months <i>1</i>	Days <i>26</i>		
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>ned.</i>						
Occupation <i>Taylor</i>	Where Residing if not at place of death							
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>							
Father's Name <i>Arthur D Jackson</i>	Father's Birthplace <i>ned.</i>							
Mother's Maiden Name <i>Hattie Thomas</i>	Mother's Birthplace <i>ned.</i>							
Name of person giving information <i>Arthur D Jackson</i>	How related to deceased <i>Father</i>							
CAUSES OF DEATH								
Primary <i>Infection</i>			151					
Immediate <i>Exhaustion</i>			How long <i>2 mrs.</i>					
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Address		
				<i>S. H. Blaum</i>				
Accident or Suicide?						<i>Vienna Md.</i>		



Name
in
Full

baby without name

Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bishop Head Town Tidwell Month September Day 16 County Torchester

MARYLAND

Date of death 1909 Month September Day 16 Age Years

Months 2

Sex male Color or Race Colored

Birthplace Bishop Head

Occupation won

Where Residing if not
at place of death

Married, Single
or Widowed single Name of Wife or
Husband

Father's Name Ernest Johnson

Father's
Birthplace crabs

Mother's
Maiden Name Ernest Foster

Mother's
Birthplace Bishop Head

Name of person giving
Information Ernest Johnson

How related
to deceased father

CAUSES OF DEATH

Primary

don't know

179

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

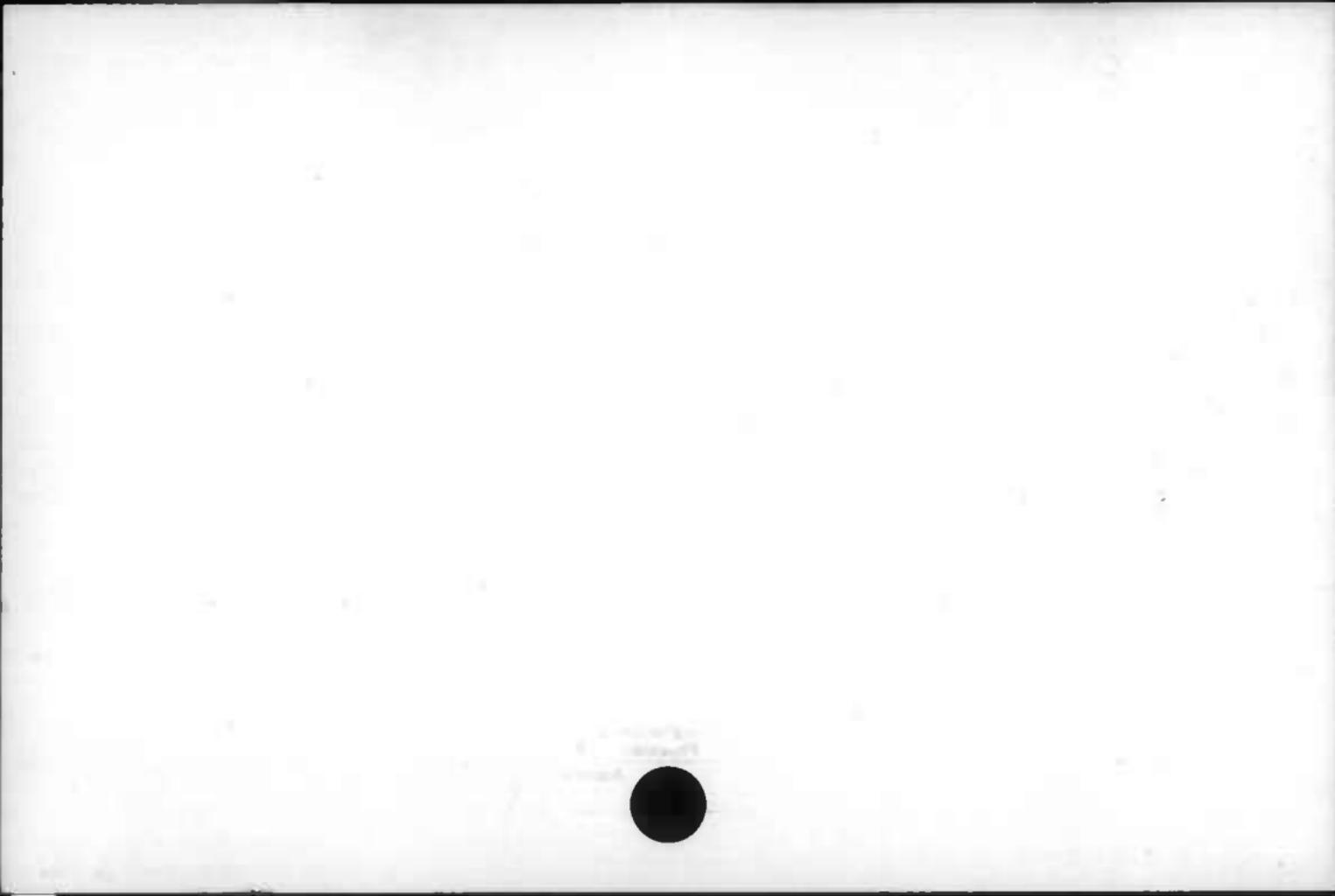
yes

Signature of
Physician

Address

no physician in attendance
Wmstt & Pitchett J.P
Subregister Bishop Head and

Accident or Suicide



Name
in
Full

annie E. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Cambridge	oor	Months	Days
Date of death	1909	Sept	14	Age 64
Sax	female	Color or Race	white	Birth-place Delaware
Occupation	housewife	Where Residing if not at place of death	Tablog les	
Married, Single or Widowed	Widow	Name of Wife or Husband	unknown	
Father's Name	unknown	Father's Birthplace	unknown	
Mother's Maiden Name	unknown	Mother's Birthplace	"	
Name of person giving Information	Rev B. W. Goldsborough	How related to deceased	none	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cancer of Stomach

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
Address

40

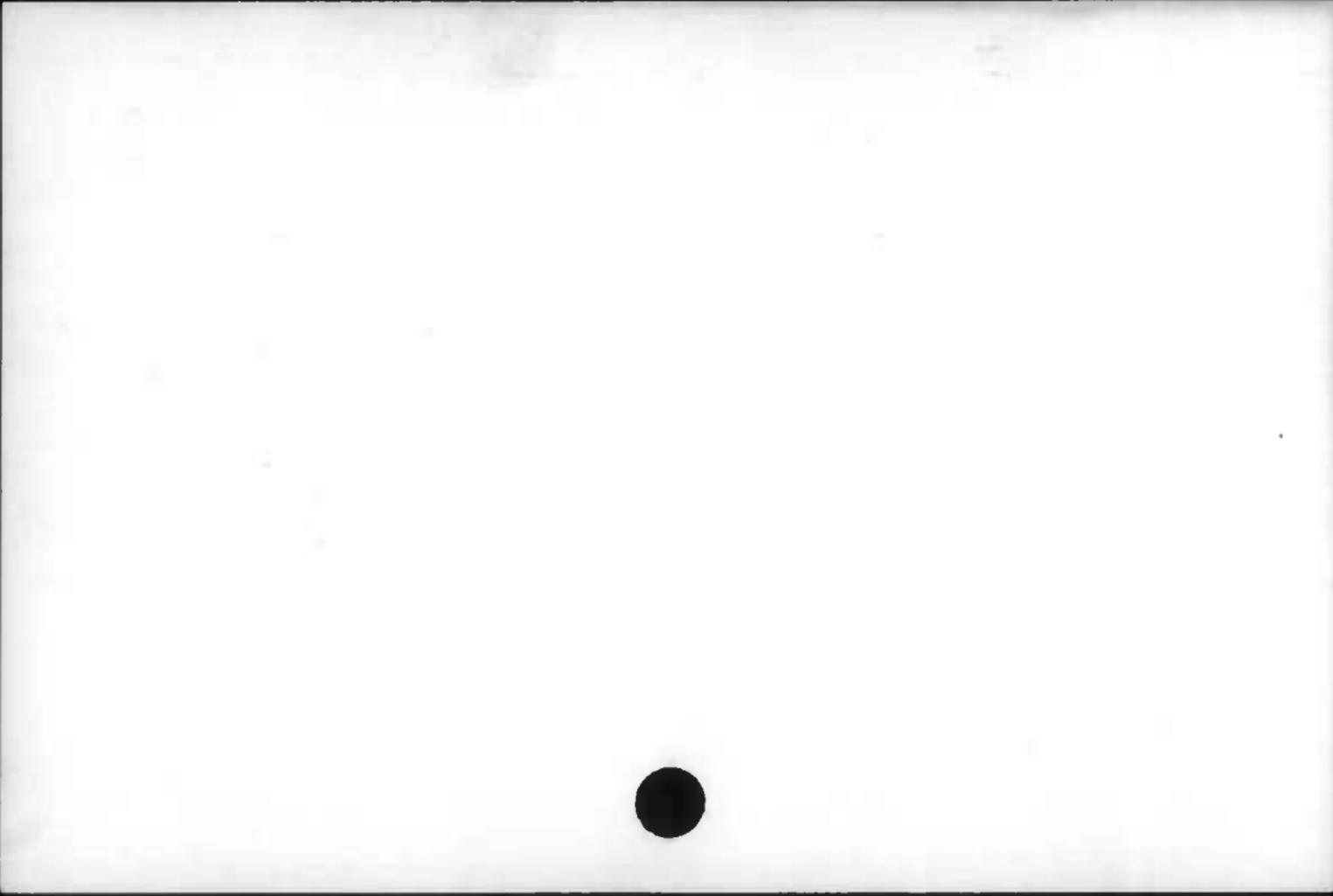
How long

10 months

How long

4 days

Accident or Suicide



Name
in
Full

Matthews
no Name 313 Henry St

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Circleville Dorchester Month Days
Date of death Month Day Years Month Days
1909 Sept 13th Age 2
Sex Male Color or Race white Birth-place Circleville
Occupation Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband
Father's Name Jeremiah Matthews Father's Birthplace Dorchester Co.
Mother's Maiden Name Charlotte Price Mother's Birthplace Maryland
Name of person giving Information Jeremiah Matthews How related to deceased Father

CAUSES OF DEATH

Primary Heart Failure

71

How long

1 hour
2 weeks

Immediate Convulsions

PHYSICIAN
OR CORONER

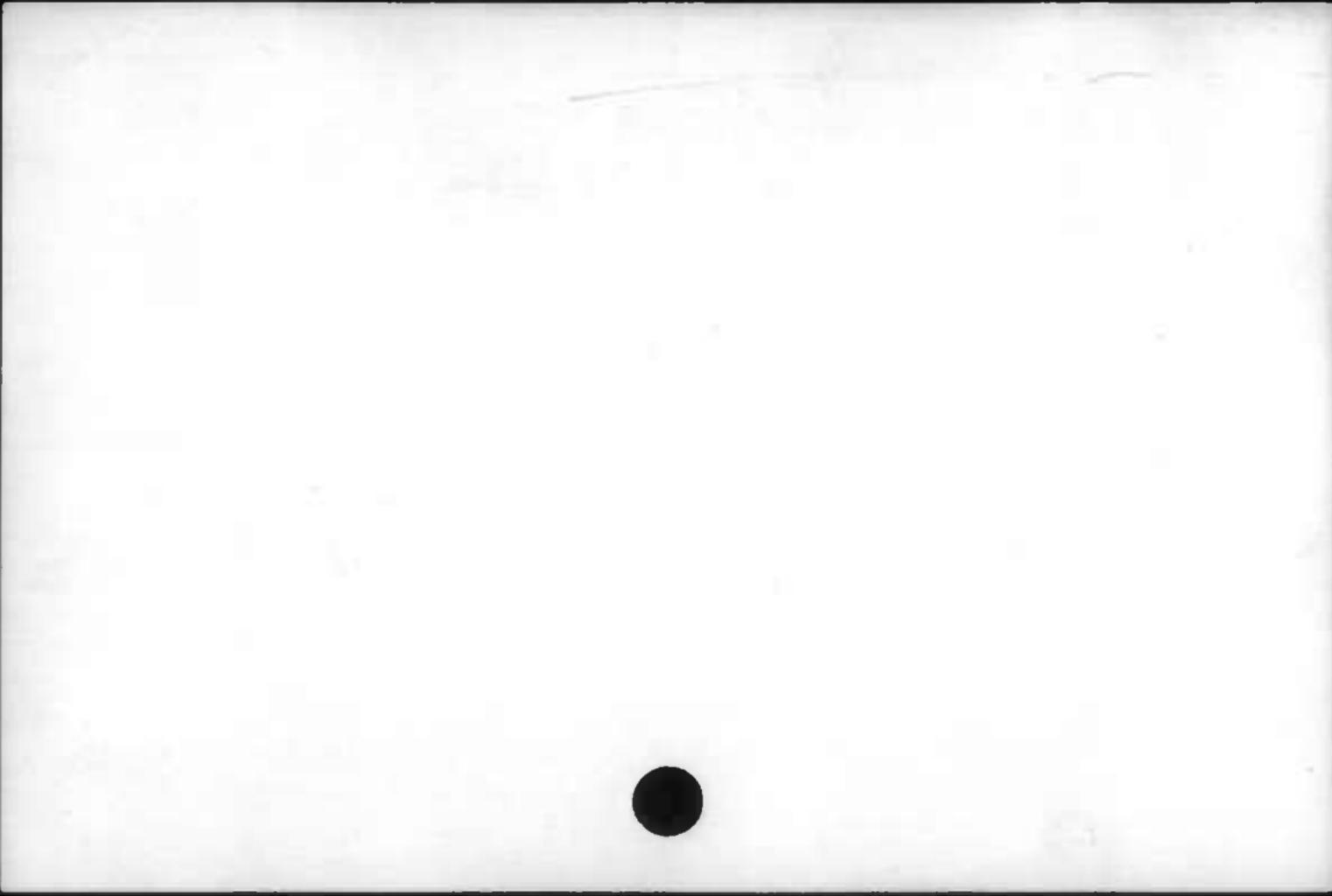
Are the name, age, sex, color, date and place correctly given above?

Signature
Physician

No one called

Address
Chas W. Hawley, Jr.
Bank office

Accident or Suicide



Name
in
Full

Edward J. mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Town Bishop Head district no 10 County +
Died at Month Day Years Months Days
Date of death 1909 September 23 Age 83 3 —
Sex male Color or Birth-place Bishop Head
Occupation oysterman Race white — —
Where Residing if not at place of death
Married, Single Name of Wife or Husband Margaret mills
or Widowed married Father's Birthplace Bishop Head
Name of wife or husband
Father's Name Tom Mills
Mother's Maiden Name Lear Willing Mother's Birthplace unknown
Name of person giving James A. mills How related to deceased Son
Information

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Trouble on the barrels

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes or
before as shown

Accident or Suicide

Signature of
Physician

Address

no Physician in attendance
Wm H. Hitchcock J. P.
Subregistrar Bishop Head
Md

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rebecca Minter

X

CERTIFICATE OF DEATH

MARYLAND

Died at Madison Town Worcester County
Date of death 1909 Month 9 Day 16 Age 72 Months - Days -
Sex Female Color or Race Colored Birthplace Worcester Co
Occupation Housework Where Residing if not at place of death ✓
Married, Single or Widowed Married Name of Wife or Husband William Minter
Father's Name James Kennedy Father's Birthplace Worcester Co
Mother's Maiden Name Mary Jones Mother's Birthplace Worcester Co
Name of person giving Information William Minter How related to deceased Husband
79

CAUSES OF DEATH

Primary

Mitral Regurgitation
acute congestive

Immediate

Are the name, age, sex, color, date and place correctly given above?

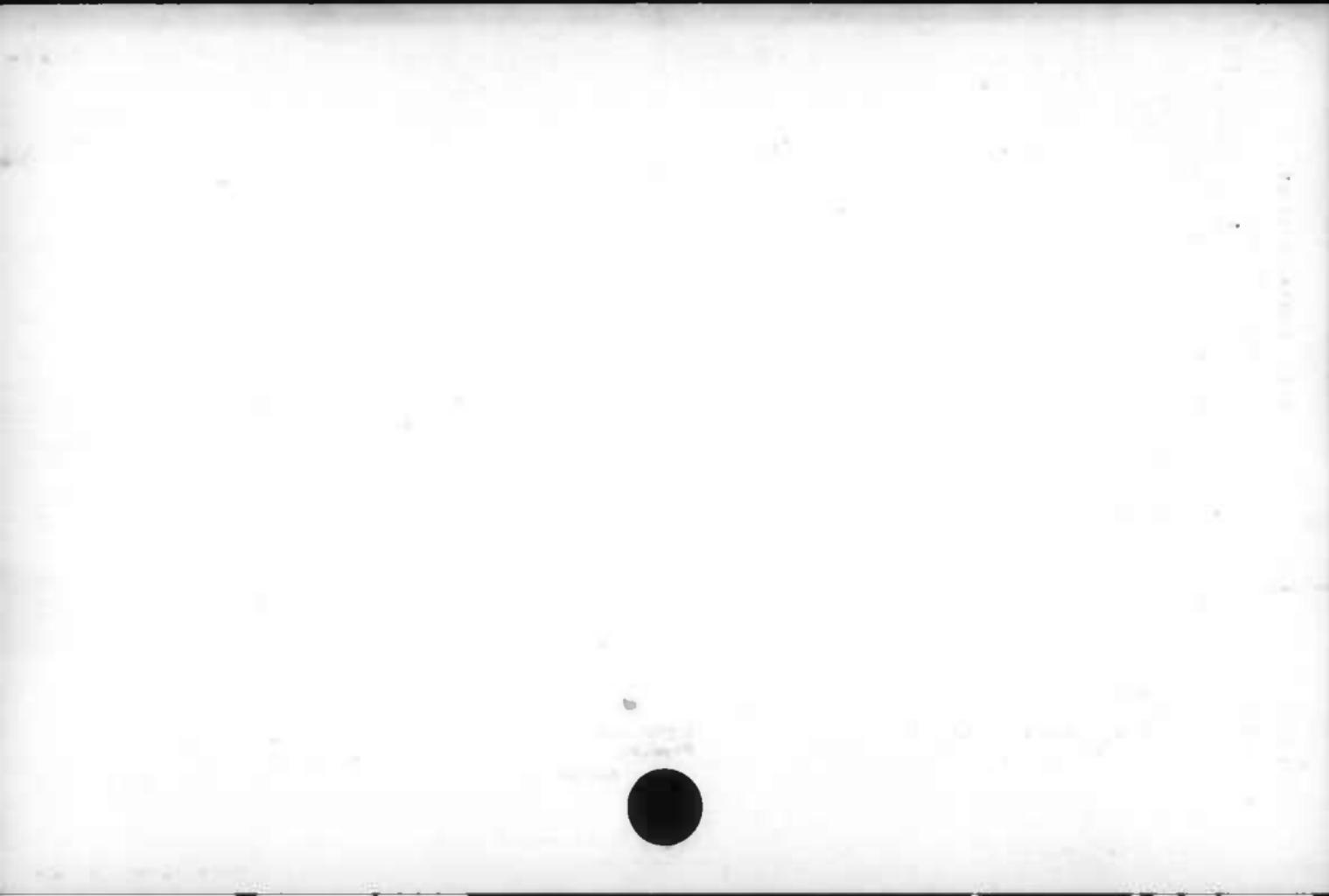
yes

Signature of Physician

Address

Robert
Combridge Md.

Accident or Suicide



Name
in
Full

Loyd Henry Moore +

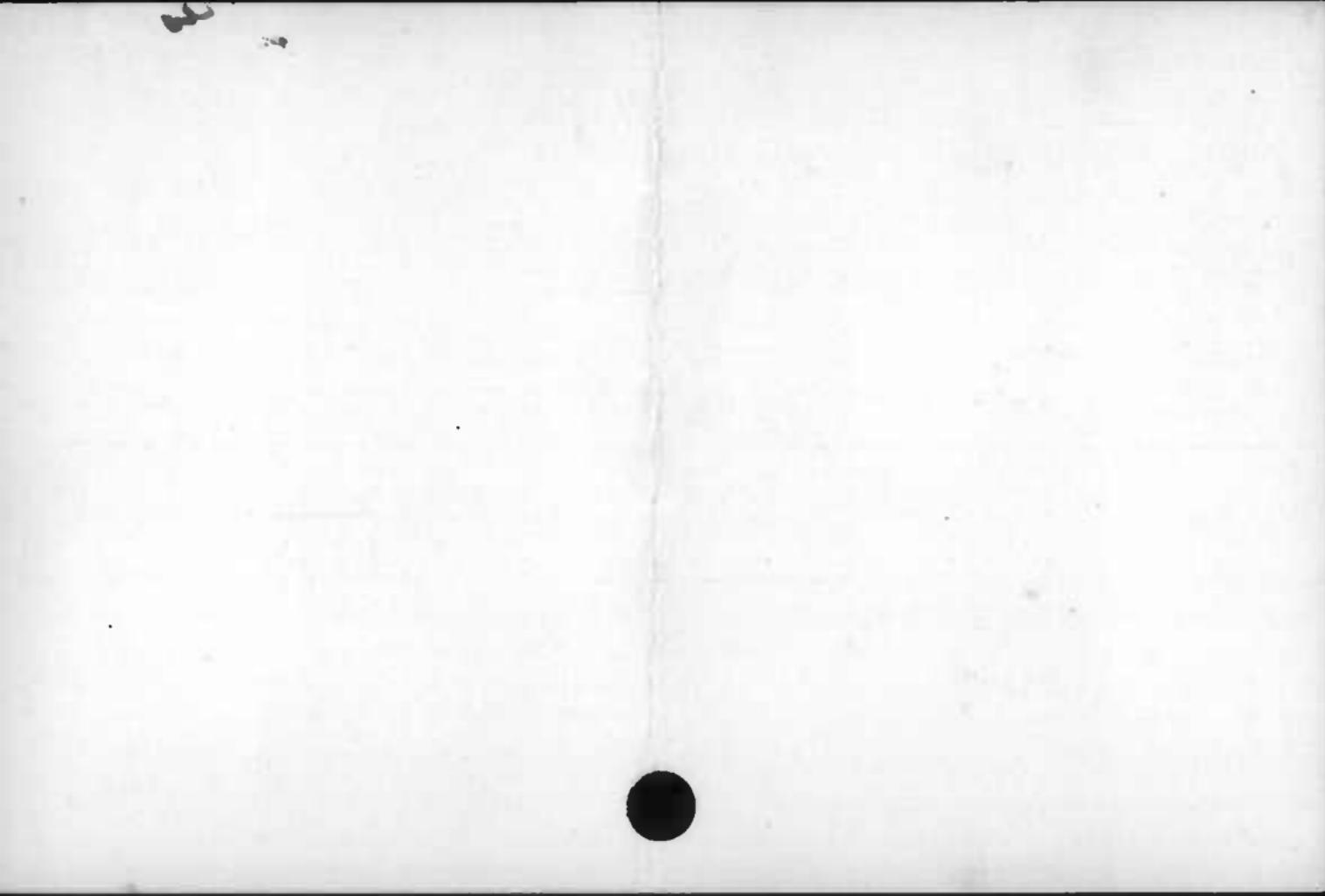
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Sept	19	Age	one	
Sex	Color or Race	Birth-place			
Male	White	Andrews			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John H. Moore		Father's Birthplace	Andrews	
Mother's Maiden Name	May M. Moore		Mother's Birthplace	Andrews	
Name of person giving Information	John H. Moore		How related to deceased	Father	
CAUSES OF DEATH					
Primary	Durst Stronse		179	How long	
Immediate			How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	No physician in Cattaraugus Co.		
yes	Address	Wm. H. Pitts Jr. P		
Accident or Suicide?	Subsequent Report Head			



Name
in
Full

Ignathew Moxey +

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East Newmarket Town Essex County Essex
Date of death 1909 Month 9 Day 12 Years — Month — Days 6
Sex Male Color or Race white Birth-place E. H. Mortal, M.D.
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —
Father's Name Nathaniel Moxey Father's Birthplace Germany
Mother's Maiden Name Mary. Krall Mother's Birthplace Germany
Name of person giving Information Nathaniel Moxey How related to deceased Father

CAUSES OF DEATH

Primary

Indigestion (Intestinal)

105

How long

6 days

Immediate

Gradual exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

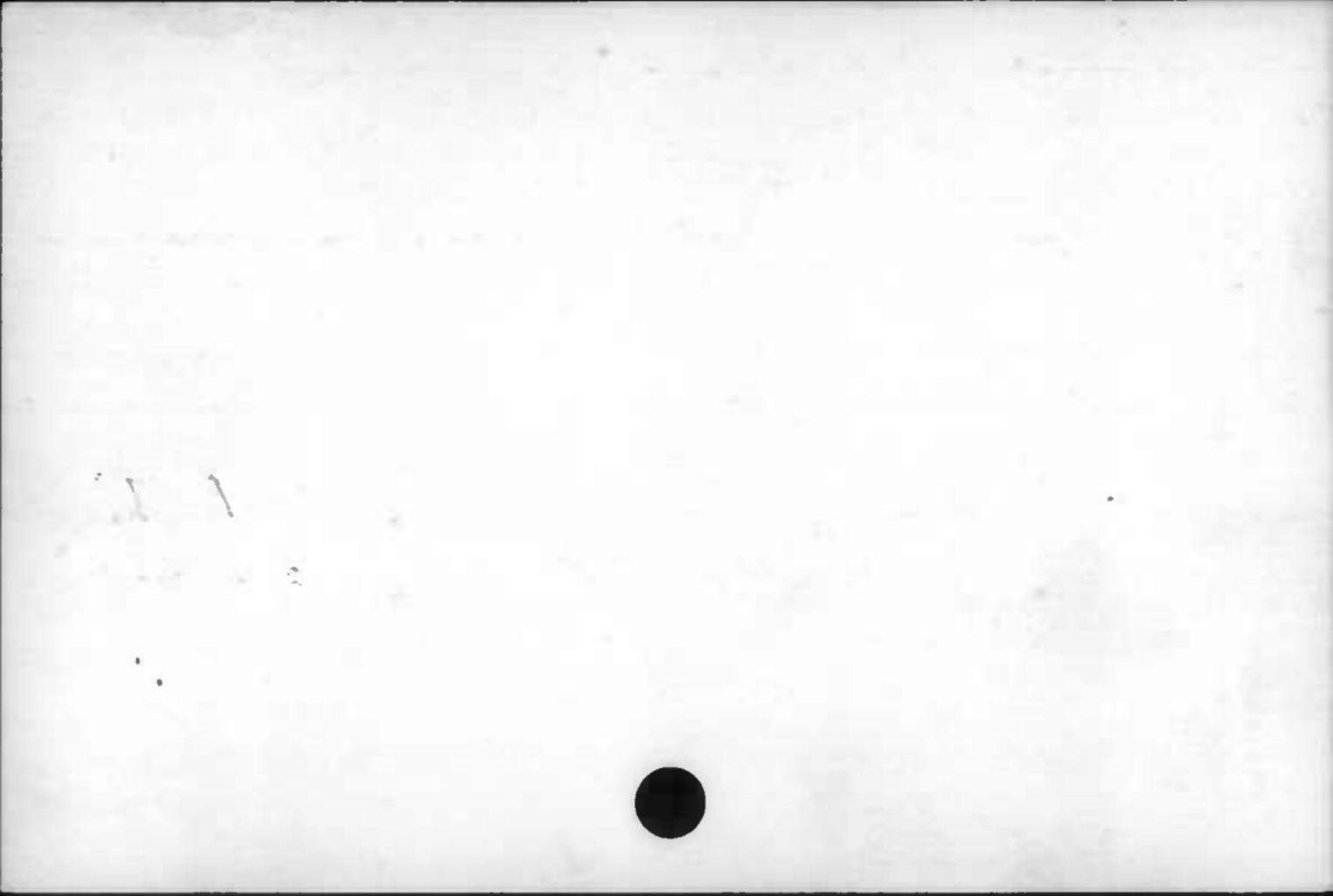
yes

Signature of Physician

Edward & Son
Address
East Newmarket
Essex

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John A. Paul over one yr.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	9	30	31	0	13	
Sex	Male	Color or Race	Birth- place			
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband	113			
Father's Name		William Paul	Father's Birthplace			
Mother's Maiden Name		Mary Shenton	Mother's Birthplace			
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

Primary	Sclerosis of Liver	How long
Immediate	Syphilis	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		P. J. Lintzivian Church Creek Md.



Name
in
Full

Walter Monroe Reshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge County Dorchester MARYLAND

Date of death 1909 Month Sept Day 25 Age 16 Months Days

Sex Male Color or Race white Birth-place Dorchester Co.

Occupation School boy Where Reading if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name M. J. Reshaw Father's Birthplace Germany

Mother's Maiden Name Julia Adams Mother's Birthplace Deal's Island

Name of person giving Information M. J. Reshaw How related to deceased Father

CAUSES OF DEATH

Primary

Typhoid fever.

1

How long

3 weeks

Immediate

Meningitis + Pneumonia

go

How long

Some days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. Golarborough

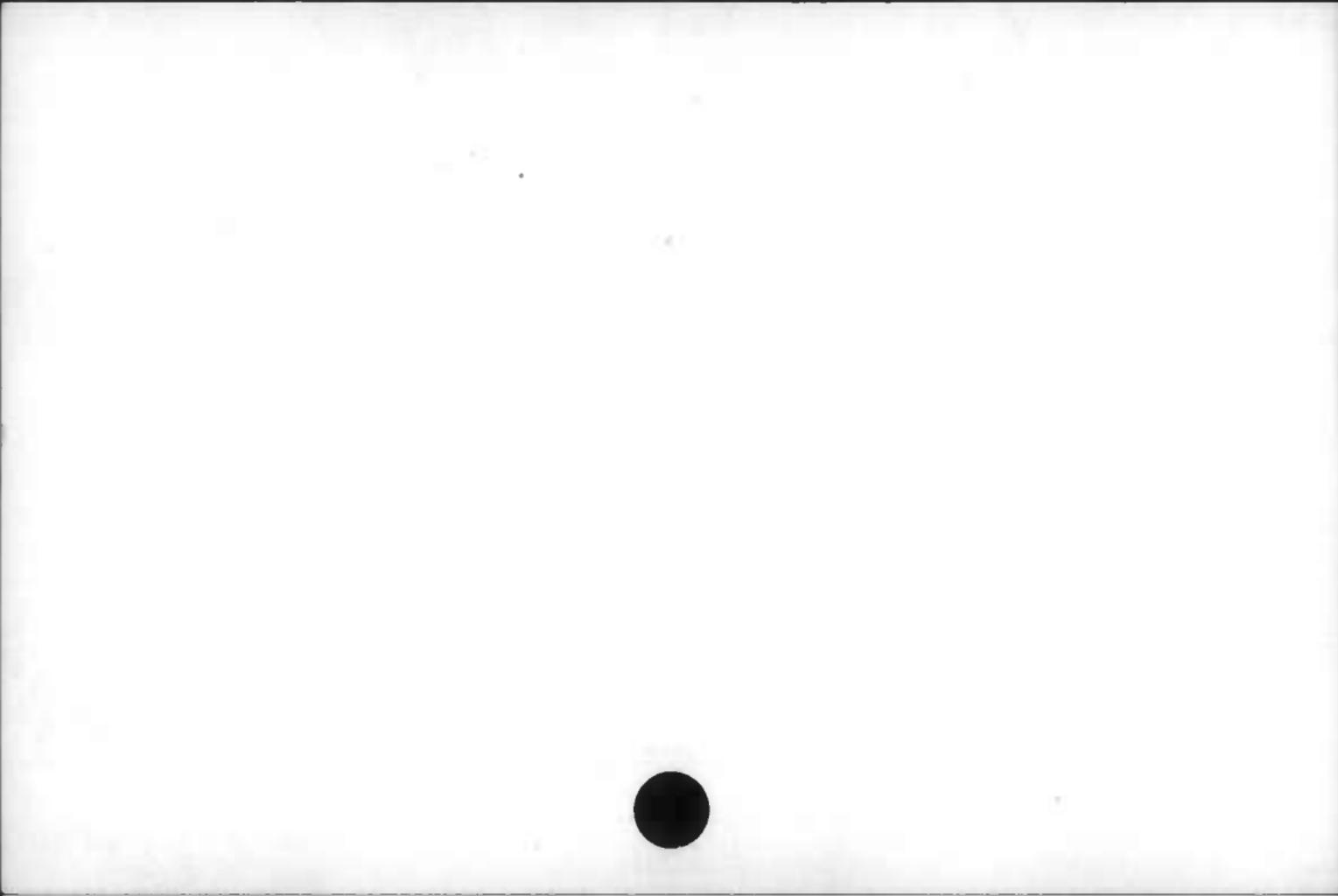
Address

Cambridge Md

PHYSICIAN
OR CORONER

Accident or Suicide

L & H



Name
in
Full

Rosin Grant Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Todd Hill Dies no 10 County Dorchester
Month Sept Day 12 Years 46 Months 6 Days 12
Date of death 1909 Sex male Color or Race white
Occupation oysterman Where Residing if not at place of death
Married, Single or Widowed single Name of Wife or Husband
Father's Name Wm J Robinson Father's Birthplace Todd Hill
Mother's Maiden Name Nancy Bramble Mother's Birthplace Bishop Head
Name of person giving information Elbridge Robinson How related to deceased Brother

PHYSICIAN
OR CORONER

Primary

Heart failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide

CAUSES OF DEATH

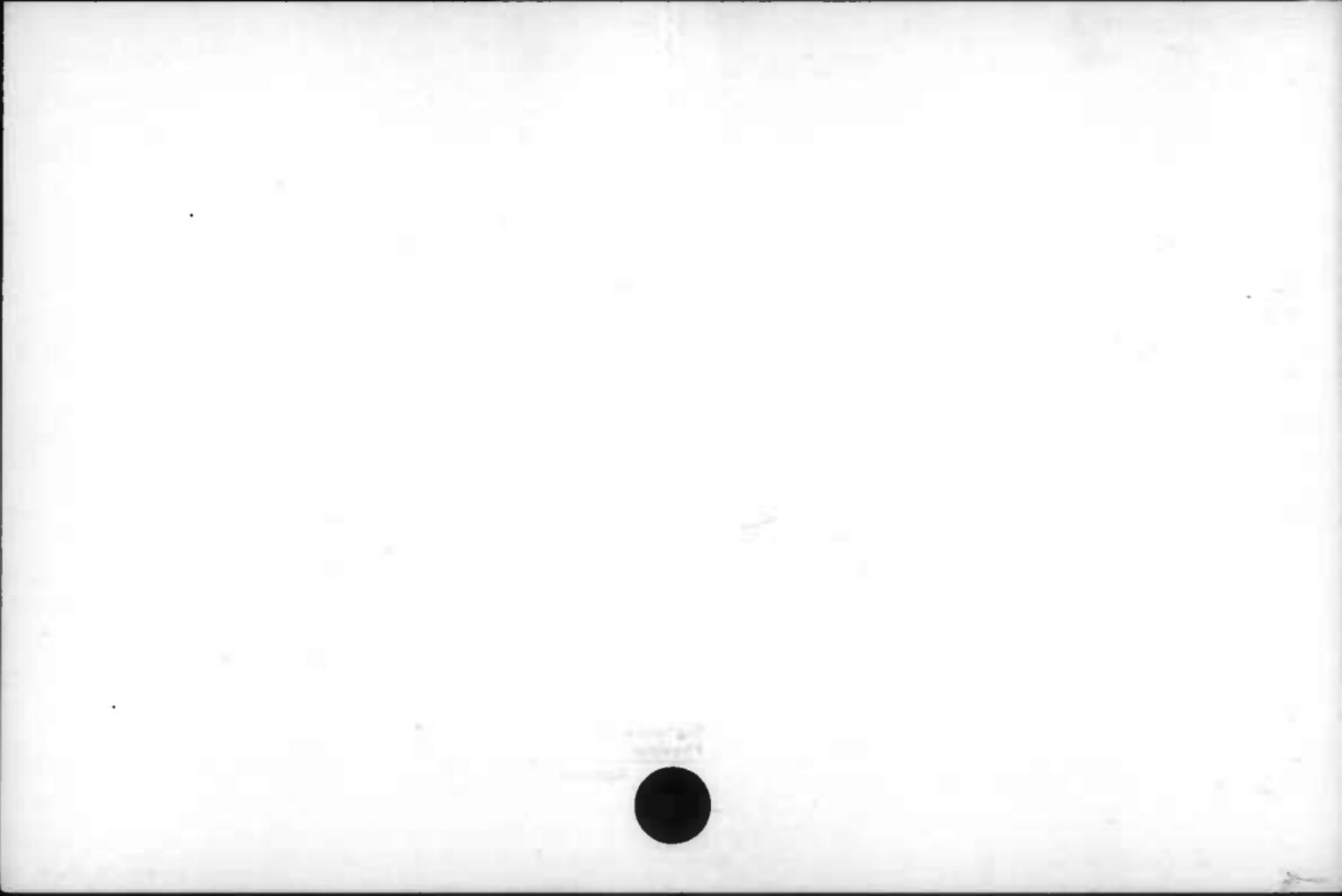
179

How long

10 minutes

How long

Signature of Physician no physician in attendance
Address Wm H. Hitchett J.P.
Subregister Bishop Head and



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Allow Gravos Brant					CERTIFICATE OF DEATH		
Town		County			MARYLAND		
Died at	Bishop's Head		Baltimore		Month		Days
Date of death	1909	Month	Sept	Day	37	Years	Age
Sex	Male	Color or Race	White	Birth-place	Bishop's Head		
Occupation	Infant		Where Residing if not at place of death	Died at home			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Frederick Brant		Father's Birthplace	Bishop's Head Md			
Mother's Maiden Name	Ella Brant		Mother's Birthplace	Bishop's Head Md			
Name of person giving Information	Ella Brant		How related to deceased	Mother			
CAUSES OF DEATH					179		
Primary					How long		
Immediate	Malnutrition				8 days		

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

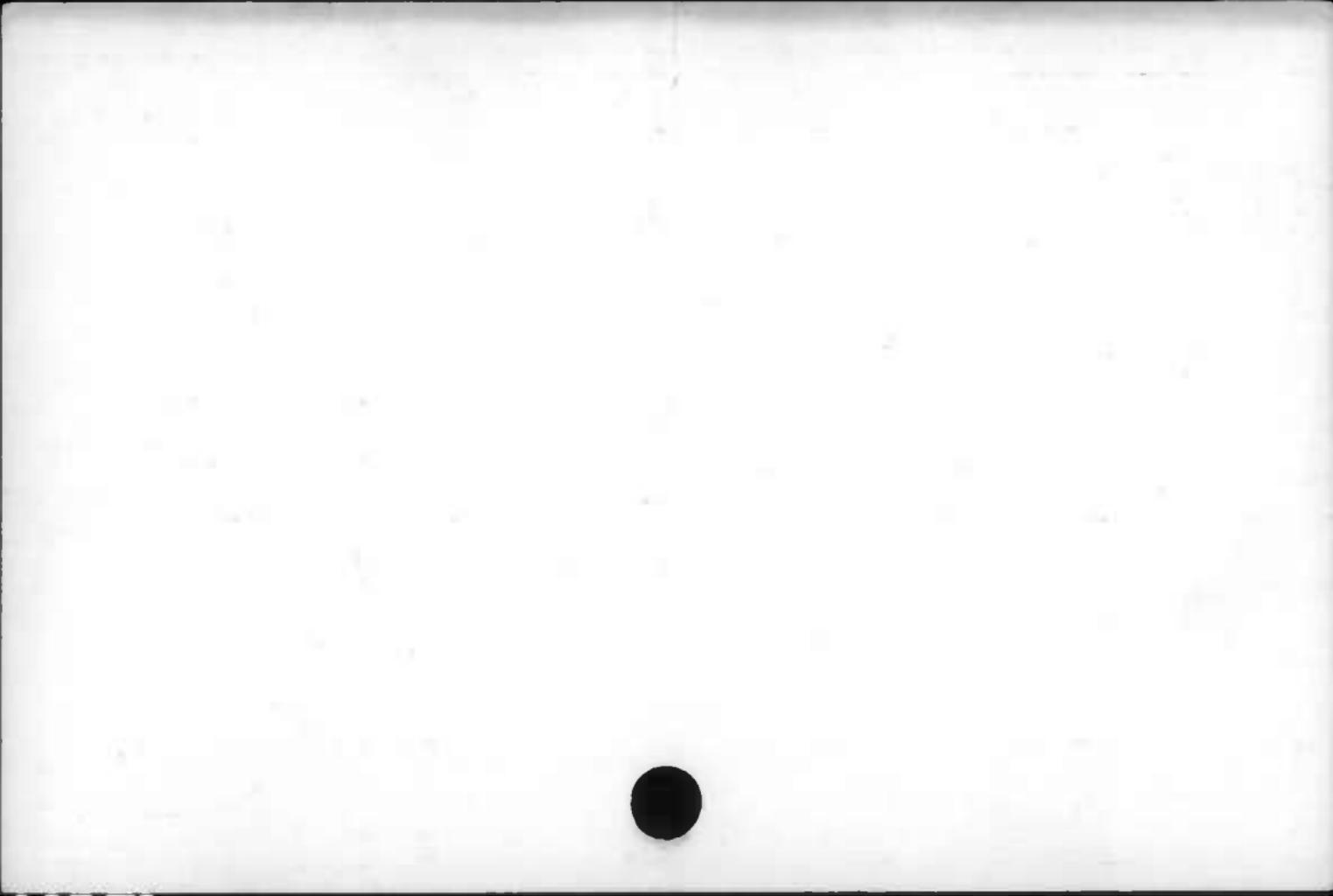
J. M. White - MD

As far as I know

Address

Grapes
Worchester Co Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah. Bath. Seward

CERTIFICATE OF DEATH

MARYLAND

Died at Wrights Town
Date of death 1909 Month Sept Day 8
Age 79

Sex F

Color or
Race

Birth-
place

Occupation

White

Md

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Louis J. Seward

Father's
Birthplace

Father's
Name

James -

Md

Mother's
Maiden Name

Zenkenauer

Mother's
Birthplace

Name of person giving
Information

Ol. Seward

Md

How related
to deceased

CAUSES OF DEATH

Primary

Syphilitic

14

How long

unknown

Immediate

Exhaustion

How long

unknown

Are the name, age, sex, color, date
and place correctly given above?

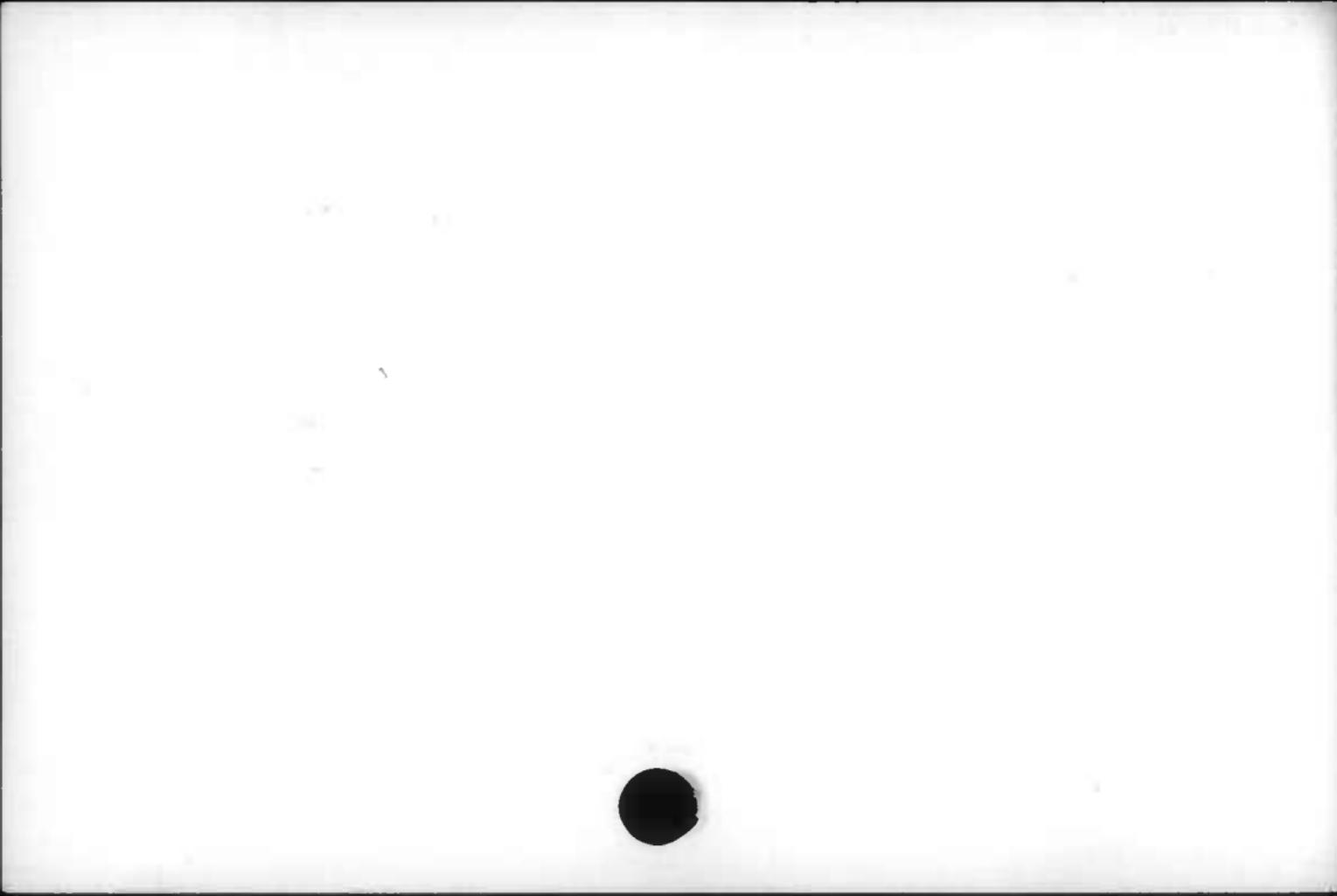
Signature of
Physician

Address

J. A. Stokes, M.D.

Corporation
Md

Accident or Suicide



Name
in
Full

Lulu Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1909	Sept	28	Age	8 7
Sex	Female	Color or Race	Colored	Birth place
Occupation	unn	Where Residing if not at place of death	unn	
Married, Single or Widowed	unn	Name of Wife or Husband	unn	
Father's Name	Willoughby Sharp	Father's Birthplace	Caroline Co	
Mother's Maiden Name	Susan Cunder	Mother's Birthplace	Dorchester Co	
Name of person giving Information	Willoughby Sharp	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Enteritis

Immediate

Toxemia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

105

How long

3 weeks

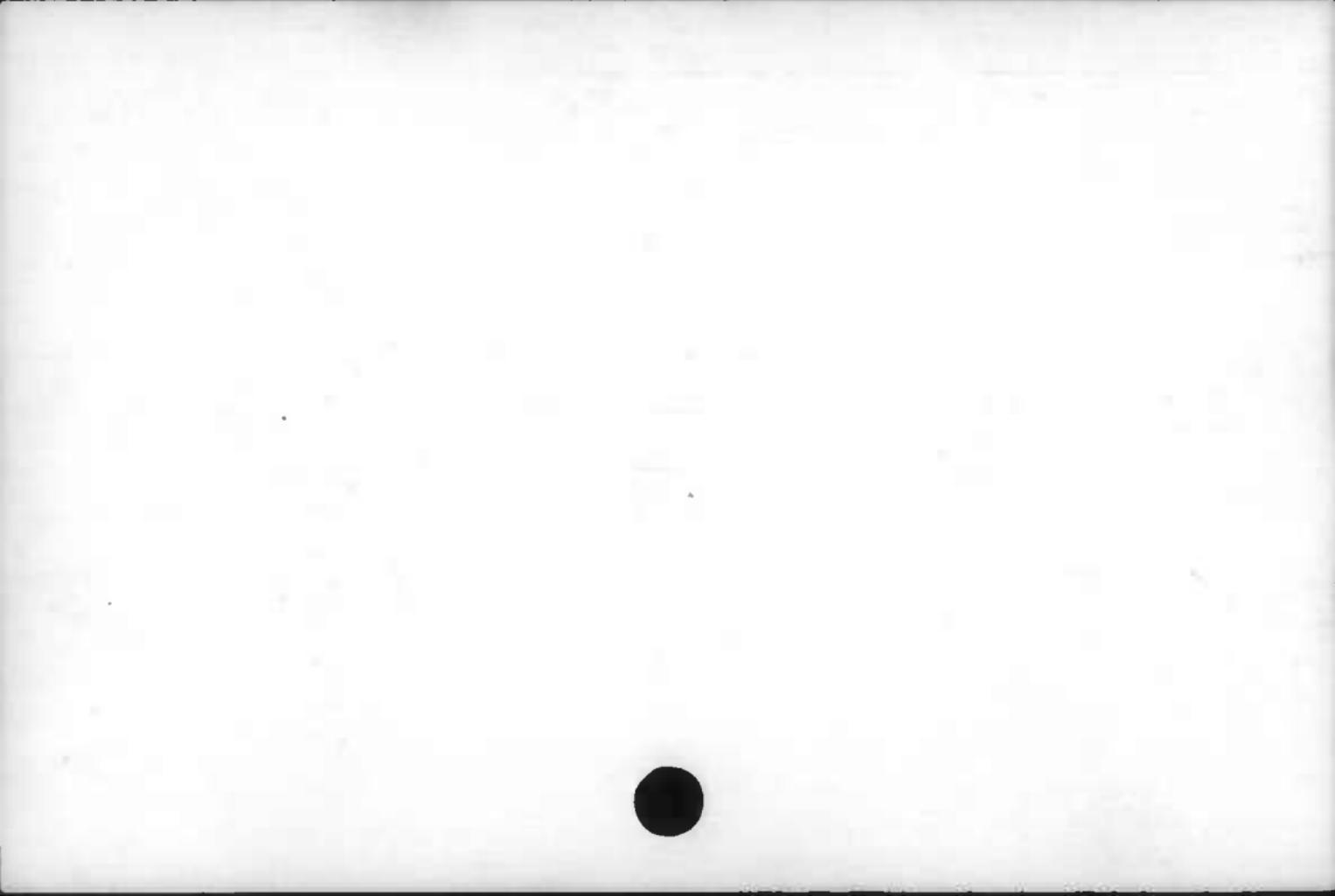
How long

several days

Sexton P. Reynolds, M.D.

Cambridge, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anna Smith +

CERTIFICATE OF DEATH

Died at Town County MARYLAND
Cambidge Dorchester
Month Day Years Month Day
Date of death 1907 Sep 12 Age 36 Birthplace
Sex Female Color or Race White
Occupation House wife Whara Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Ann Smith
Father's Name William Burton Father's Birthplace don't know
Mother's Maiden Name Mary Burton Mother's Birthplace Cambridge
Name of person giving Information William N. Smith How related to deceased
Information

CAUSES OF DEATH

Primary Typhoid Fever + Acute Septicemia

How long 8 days

Immediate Acute Heart Failure

How long 12 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

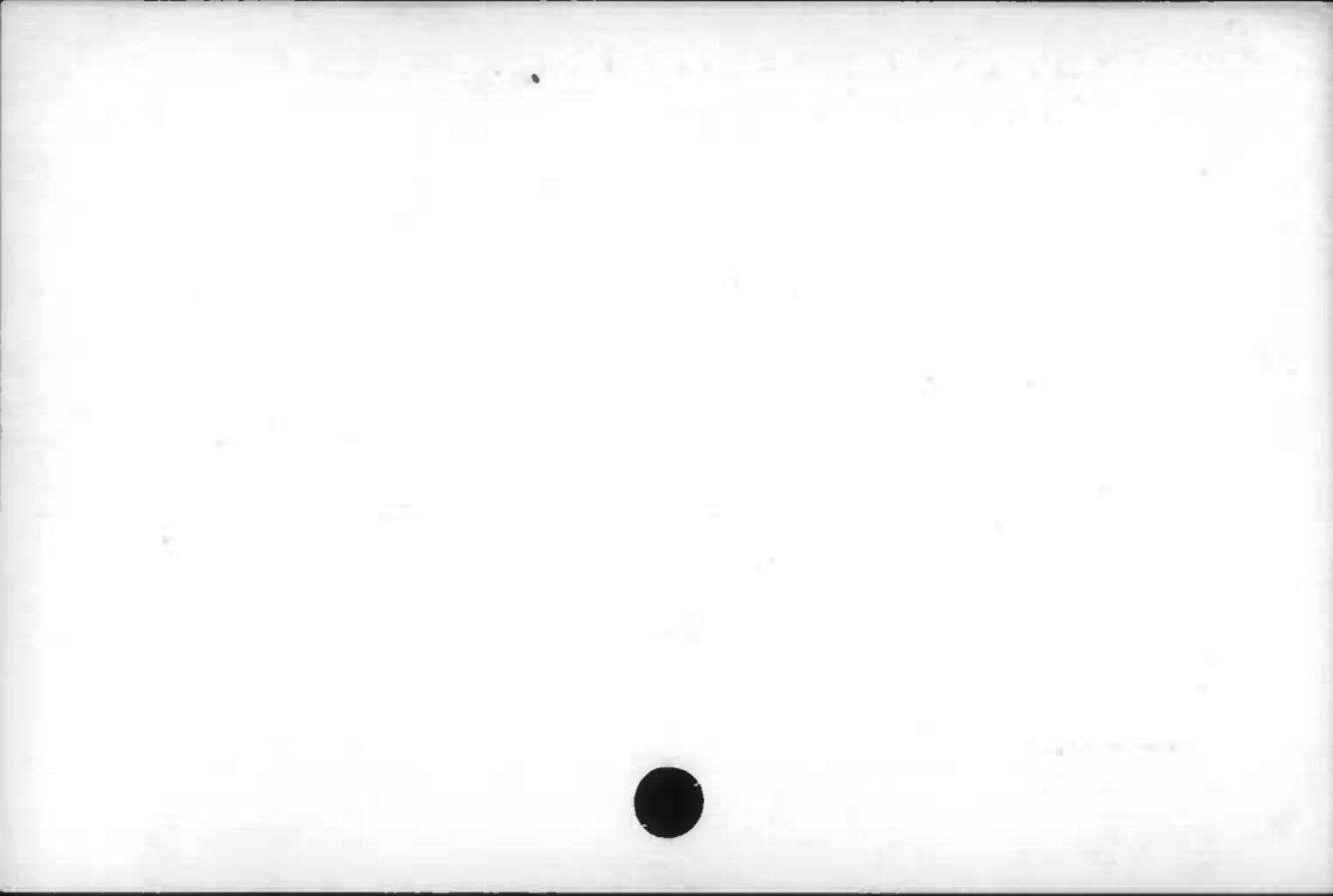
E. E. Eldeff

44

Address

Cambidge, Md.

Accident or Suicide



Name
in
Full

Blyde Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sax	Color or Race	White	Birth-place	Maryland		
Occupation	Whara Residing if not at placia of death					
Marriad, Singla or Widowed	Name of Wifa or Husband		Father's Birthplace	Maryland		
Father's Name	Garfield Smith		Mother's Birthplace	" "		
Mother's Maldan Name	Nara Eolgey		How related to deceased	Father		
Name of person giving Information	Garfield Smith					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Death Known

14

How long

Death Known

How long

any day

Immidiate

Suffred. Dying

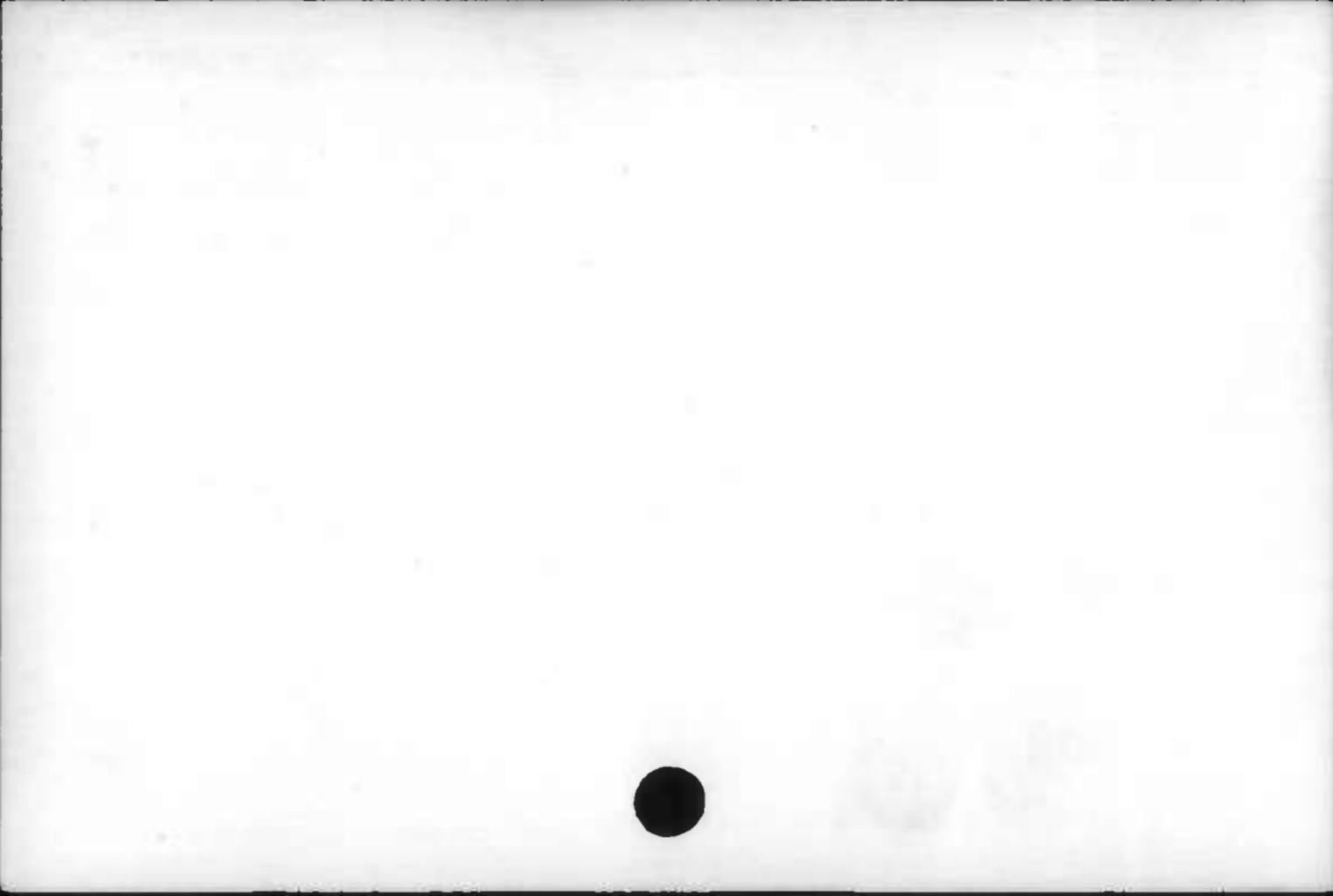
Are tha name, age, sex, color, data and placia correctly given above?

Signature of Physician

Address

John Meier
Concord

Accident or Suicide



Name
in
Full

Maggie Stiles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Year

Months

Days

1909 Sept.

28th Age 23

8

19

Sex
Occupation

Color or
Race

Colored

Birth-
place

Cambridge

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Leon Stiles

Father's
Name

Peter Burrough

Father's
Birthplace

Dorchester

Mother's
Maiden Name

Annie E. Jackson

Mother's
Birthplace

Talbot Co.

Name of person giving
Information

Leon Stiles

How related
to deceased

Husband

Primary

Chronic Nephritis

120

How long

5 or 6 years.

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

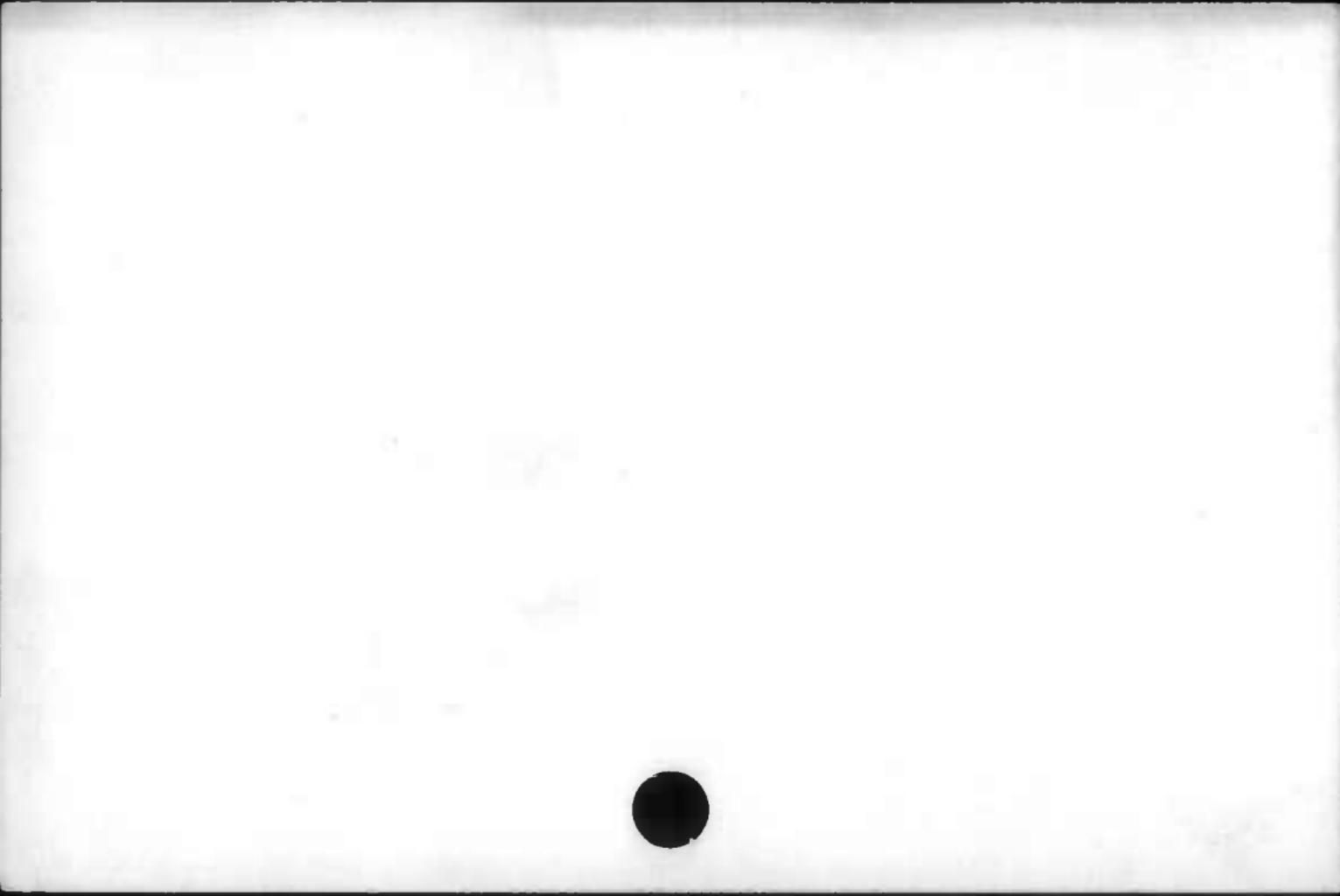
Signature of
Physician

Address

E. E. Wolff
Cambridge, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hannah Anna Thayer +
Town Springdale County Worcester

CERTIFICATE OF DEATH

MARYLAND

Died at Month Day Years Months Days
Date of death 1909 Sep 8 51 2 27
Sex Female Color or Race White
Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Cleveland Thayer
Father's Name James Gulick Ohio
Mother's Maiden Name Caroline H. Gulick Ohio
Name of person giving Information Mr. Gulick Brother

Primary Typhoid fever
Immediate Bradycardia heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

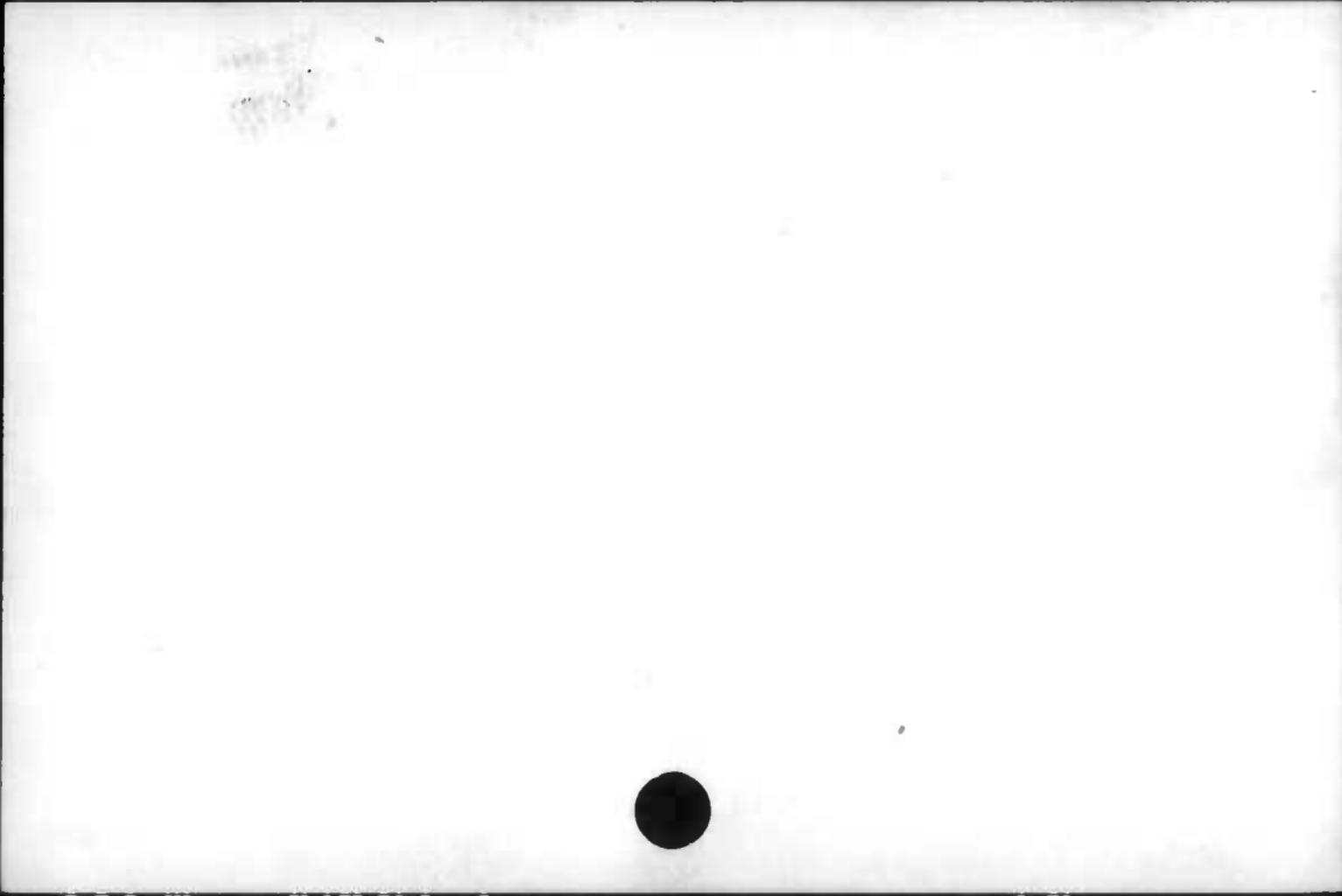
Guy Stull
Cambridge Md.

(1)

How long

7 weeks

Accident or Suicide



Name
in
Full

Georgia M Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Elliott

Town

County

MARYLAND

Date
of death 1909

Month

Day

Sept.

Years

Age

Months

Days

Sex Female

Color or
Race

White American

Birth-
place

Elliott Md.

Occupation

Schwalgirl

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Frank Thomas

Father's
Birthplace

Elliott Md.

Mother's
Maiden Name

Miss. Gray.

Mother's
Birthplace

Elliott Md.

Name of person giving
Information

Mrs. Gray

How related
deceased

Aunt

CAUSES OF DEATH

Primary

Lobar pneumonia

How long

1 week

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

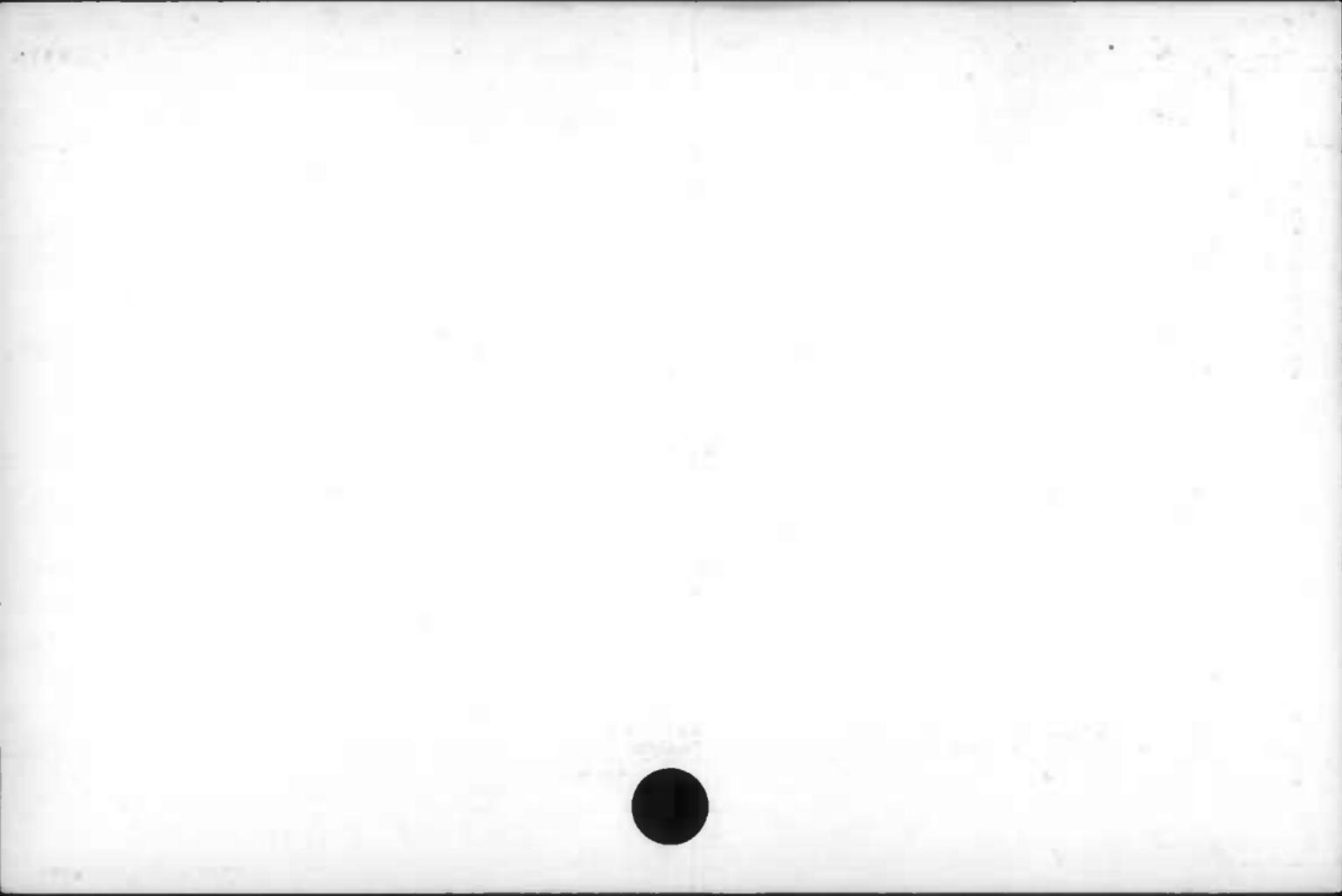
yes

Signature of
Physician

Address

R. G. Britton, M.D.
Elliott Md.

Accident or Suicide



Name
in
Full

John Noble Wheately

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at
Crasco

Town

Date
of death 1909 Sept

Month

Day

County

Dorchester

MARYLAND

Age 87

Years

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Crasco, Md.

Occupation

Sailor (Buy)

Where Reiding if not
at place of death

Died at home

Married, Single
or Widowed

Name of Wife or
Husband

Ahsah Abbott (maiden name)

Father's
Name

David Wheately

Father's
Birthplace

Crasco

Mother's
Maiden Name

Elizabeth Trotter

Mother's
Birthplace

..

Name of person giving
Information

David Wheately

How related
to deceased

San

CAUSES OF DEATH

Primary

Senility

Immediate

Heart failure

Are the name, age, sex, color, date
and place correctly given above?

Yes, so

Signature of
Physician

J. M. White

Address

As far as I know

Accident or Suicide

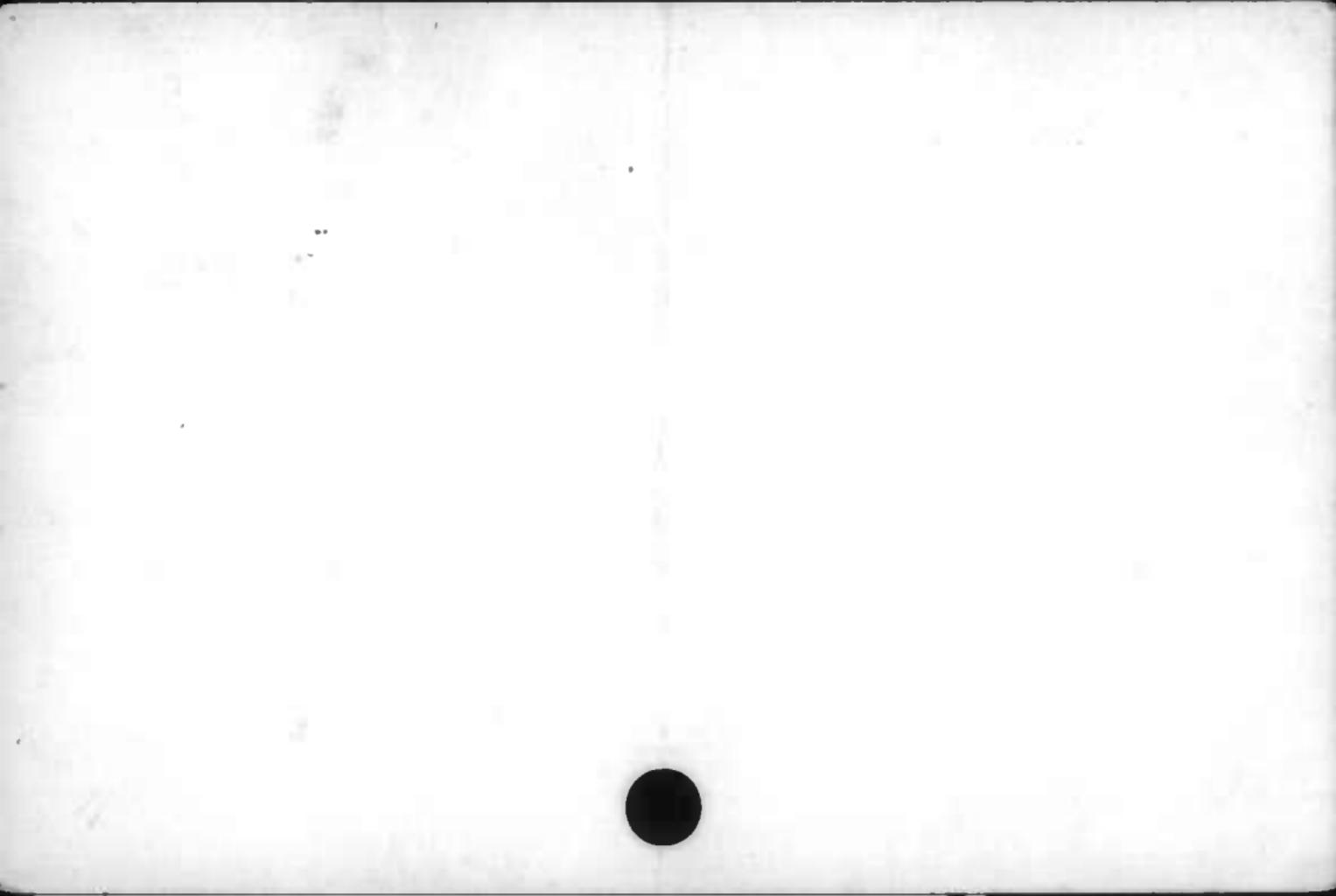
154

How long

6 months

How long

immediate



Name
in
Full

Mildred Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
of 1909	Sept	2	Age	6
Sex	Color or Race	Birth-place	Bucktown	
Occupation	Baby	Where Residing if not at place of death	Bucktown	
Married, Single or Widowed	Single	Name of Wife or Husband	Forkneek	
Father's Name	J. H. Wilson		Mother's Birthplace	Summer
Mother's Maiden Name	Lynn Luford		How related	Father
Name of person giving information	J H Wilson		How long	2 mo

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Ectero leolitis
Immediate
Exhaustion

105

How long

2 mo

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas M. Hare, M.D.

Health offi.

Accident or Suicide

